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ST. JOHN'S CHURCH, NORTHAMPTON, MASS.

Photograph by Katherine E. McClellan.

# The Emmanuel Movement in a New England Town

A Systematic Account of Experiments and Reflections  
Designed to Determine the Proper Relationship  
between the Minister and the Doctor in the  
Light of Modern Needs

By

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Art of Natural Sleep"; and Editor of "Historic Towns  
of the United States"

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Illustrated

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To

ST. JOHN'S CHURCH

WHOSE COMMUNICANTS AND CONGREGATIONS HAVE SHOWN  
ME MUCH CONSIDERATION IN THE CONDUCT OF AN  
EXPERIMENT OF MORE THAN LOCAL  
INTEREST



## PREFACE

THIS book is the third in a trilogy of related books which I have published in the last two years. The first, *Christian Science*, was written with the purpose of setting forth the merits and demerits of a cult which is attracting wide attention, and incidentally to make clear the principle of suggestion, re-enforced by a novel faith, which Christian Scientists employ, without admitting it, in all their healing efforts.

The second, entitled *The Art of Natural Sleep*, was the outgrowth of a year's experience in the successful application to the cure of sleeplessness, of the principle of suggestion, re-enforced by the historic Christian faith common to all branches of the Christian Church, in cases due to psychical rather than to physical causes; it was designed by the author to be so defi-

nite in its statements and so comprehensive in its facts as to prove conclusive in its arguments.

The present volume has two ends in view:

1. To show the possibilities of the principle applied in Northampton to a wide range of cases of so-called nervous functional disorders.

2. To indicate that far wider reach of the whole Emmanuel movement which in one way or another is destined, I believe, to re-energise the entire Christian Church and to make it more useful to society.

There were various reasons why this book seemed to me to be called for:

1. It was needed to complete the trilogy. The specific claims made in the two earlier volumes as to the universal availability of the principle of suggestion for Christians of every fold as well as for the Christian Scientists, could be maintained only by a demonstration covering a large field. Allowing as liberally as one may for unintentional

exaggerations, errors, failures, and relapses, the reader of this volume will, I am persuaded, be convinced that all the good which Christian Science, New Thought, and various other cults are to-day offering can be obtained without renunciation of the specific faith one holds, whether Catholic or Protestant.

2. *Religion and Medicine*, an epoch-making book if ever there was one, needs to be supplemented. In spite of the clear statement therein found of the Emmanuel principles, there are in the book some terms and concepts unfamiliar to lay minds. A book, based upon Emmanuel principles and yet practically free from scientific terminology, ought to carry the good news of "God with us" to many who may not yet have heard it. Dr. Worcester and Dr. McComb are of course fully competent to speak for themselves again as they have convincingly spoken in *Religion and Medicine* and they have no responsibility of any sort for this volume; but there would seem to be a place for a book

based upon a clinical experience somewhat different from theirs and written by another hand. It will, at any rate, serve to show the flexibility of Emmanuel methods and the possibility of Emmanuel results outside of Boston.

3. Ministers everywhere are wondering whether back of the Emmanuel healing scheme there may not be some ideas which can be made use of in the ordinary ministrations of a clergyman, whether he be technically trained in psychotherapy or not. Nothing has brought me more amazement this year past than the discovery that, apart from the specific healing of the sick, there are many things a minister can learn to do with more effectiveness when once he has made the Emmanuel idea his. Some of these things have been suggested in the closing chapter of the book. But all through the book there are glimpses, I trust, of that closer union between minister and people, and also between minister and doctor which, apart from any class or clinic, is sure to enhance the

usefulness of any minister who brings to a study of the movement a spirit free from bias and from bitterness.

When I began to write the book, I had some thought of replying to the criticisms—for they can all be answered—of the ministers and the doctors who have written or spoken recently against the movement. But long before I finished the last chapter it became evident to me that time will answer every question which is entitled to a reply.

The chief criticisms of the ministers are based on misconceptions of the comprehensiveness of the Emmanuel idea. The criticisms of the doctors spring either from lack of specific information about psychotherapy in general as it has developed within the last ten years in Europe or from misapprehension naturally to be expected as to the Emmanuel movement in its larger implications. While not all the doctors in Northampton believe in the Emmanuel movement in general, I have had from them the utmost consideration and many of them are

co-operating with me in every detail of an experiment which has already brought about in Western Massachusetts such a relationship between the minister and doctor as did not before exist and has made each useful to the other to the profit of the public.

To many others I am under nameless obligations. Not only have a number of my patients been willing I should cite their cases in the interest of science; some also have seen the larger service to humanity that may be rendered by such testimony as is found in the pages of this book to the power of the mind spiritualised to control the body and to drive away certain of its ills.

The editors of *The Ladies' Home Journal*, *Good Housekeeping*, *The Congregationalist*, and *Psychotherapy* have courteously permitted me to reprint in certain of the chapters passages, though usually revised, of articles of mine, which have appeared in their respective journals. The larger part of Chapter I appeared in *The Ladies' Home Journal*, November,

1908. Portions of Chapters II and V appeared in *Good Housekeeping*, September and November, 1908. Other sections of Chapter II and much of Chapter III were written for *Psychotherapy* which has already published in Volume I, No. 1, many of the facts and statements made in Chapter III.

The editor of *Psychotherapy* deserves a special word of gratitude because his journal is a course of study rather than a magazine and all of its articles are therefore copyrighted. *The Congregationalist*, in its issues of August 1, 1908 and December 12, 1908, contains in articles I wrote for it some of the ideas and sentences to be found in Chapter VIII.

But the book as a whole will seem, I trust, to possess the same unity the reader would perhaps have found in it had none of its contents first seen the light in magazines.

To Mr. George P. Morris, the Reverend Howard A. Bridgman, D.D., and the Reverend Chauncey J. Hawkins I am grateful for special courtesies, and the book could

not have been written at all but for the unfailing consideration of my wife, Gertrude Wilson Powell, who has given me in the home the conditions which have made it possible for me to write the book without neglecting any of my parish duties.

L. P. P.

ST. JOHN'S RECTORY,  
NORTHAMPTON, MASS.  
January 1, 1909.

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# The Emmanuel Movement in a New England Town

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## CHAPTER I

### WHAT THE EMMANUEL MOVEMENT IS

THE world is growing more religious. Men to-day are thinking, reading, talking about spiritual things who a while ago were bored by the mere mention of them. The impression is both widening and deepening that religion can do more for men than it is doing now. A vision of a Christ who heals the body and the mind as well as soul is brightening before the world's imagination. Not since Ambrose waved his emperor away in proud disdain from the Milan Cathedral and the golden-mouthed Chrysostom

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walked the Euxine sands without a hearing have men been so inclined as now to sing:

“Thy touch has still its ancient power;  
No word from Thee can fruitless fall.”

Many of the doctors are giving impulse to this drift of thought and feeling by a curious depreciation of their profession and its agencies. Professor Sollman calls therapeutics “a confusion” rather than an art or science. Drugs are in the minds of many “almost moribund,” says Dr. Barker of Johns Hopkins. Their place will soon be taken, Sir Frederick Treves informs us, by “simple living, suitable diet, plenty of sun, and plenty of fresh air.” And Continental experts of the repute of Hayem, Metchnikoff, Dubois, Bordet, Behring, Roux, and Ehrlich are manifestly swinging back to the viewpoint of Socrates that “there is no cure for the body apart from the mind.”

The results are evident on every side. The world over, men are giving up the

family doctor; some for cults that break with medicine alone, some for cults that break also with religion as commonly received. But there are others, fortunately far more numerous, who believe in evolution rather than in revolution, who want the best that is to be without renunciation of the best that is, and who today are turning toward the healing Christ without turning either from historic Christianity or from scientific medicine.

Are they turning in vain? Can they have the healing Christ on terms they thus lay down? No question so perplexing has perhaps been pressed on Christian faith since the author of *Lead, Kindly Light* set out, three quarters of a century ago, to find a Church true enough to teach men and strong enough to rule them. But its answer has been found. It is offered by a mind which is as courageous and original as Newman's was, and more constructive and more widely ranging. It is illustrated and confirmed by a practical experiment of which the entire world is taking note.

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Reverend Elwood Worcester, Ph.D., D.D., was born in Massillon, Ohio, in 1862, graduated in 1886 from Columbia College, and from the General Theological Seminary of the Protestant Episcopal Church in 1887, was made a Ph.D., *magna cum laude*, by the University of Leipzig after three years' study of philosophy under Fechner,<sup>1</sup> psychology under Wundt, and Hebrew under the two Delitzsches; and was later honoured with the D.D. degree by Hobart College and the University of Pennsylvania. While still under thirty, Dr. Worcester returned to America to serve successively as Professor of Philosophy at Lehigh University, Rector of St. Stephen's Church in Philadelphia, and, since 1904, Rector of Emmanuel Church in Boston.

The answer first began to take form in Dr. Worcester's mind in his Philadelphia days in friendly converse with the most distinguished member of his parish, Dr. S. Weir Mitchell,<sup>2</sup> the eminent

<sup>1</sup> Here and elsewhere the numerals in the text refer to notes at the end of the volume.

neurologist. The method of its practical expression was vaguely suggested in the organisation, some three years ago, for the home treatment of tuberculosis of the Emmanuel class, which by the cure of from seventy-five to eighty per cent. of patients, invited comparison with the best sanatoriums and arrested the attention even of the Japanese Government. The work was actually begun in the autumn of 1906 when, profoundly impressed with the possibilities of treating nervous troubles by mental and spiritual agencies, Dr. Worcester, after taking counsel with medical experts, announced his willingness to make a venture no minister of large reputation and of scientific training had ever made before.

Happily, he had at hand a helper of peculiar fitness for the work. Born in the north of Ireland, graduated from Oxford, made a D.D. by Glasgow University, sometime student in philosophy, psychology, and theology at Berlin, the Reverend Samuel McComb, A.M., D.D., brought to the Emmanuel movement an experience

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like that of Dr. Worcester, acquired not only in the ministry but also in the academic sphere, for he was once Professor of Ecclesiastical History at Queen's University, Canada. To complete the analogy, Dr. McComb had for his friend and his parishioner across the sea no less a neurologist than Dr. William Graham, under whom he made a special study of abnormal psychology.

It was to two men so similarly and singularly prepared as Drs. Worcester and McComb that the responsibility fell of proving to the world that the healing ministry of Jesus can be restored without hurt either to intelligent Christianity or to scientific medicine.

From the first, members of all churches and of none have been welcomed with good-will and treated without charge. Not only has there been no proselyting, but also every disposition on the part of patients to lose interest in their own denomination has been steadily discouraged. In some instances Protestants and Catholics have become more faithful

to their own because through the Emmanuel movement they have found the healing Christ, and evidences of the fact are multiplying.

The Emmanuel movement is not among the various cults in competition with the doctors. No case has been treated save after diagnosis and approval by a reputable doctor, and to make the diagnosis as accurate as possible a staff of experts is ever in attendance, headed by Dr. Isidor H. Coriat, sometime associated with Dr. Morton Prince, who has advised at every stage, co-operated in the preparation of the official Emmanuel book, and in other ways assisted to keep secure the relationship between the movement and the medical profession. Physicians from all parts of the land who have come from time to time to make a study of the work have gone away to praise both its principles and practice, and Dr. Richard Cabot, after a careful reading of the records of the cases covering a long period, reports under his own signature in *The Outlook*<sup>3</sup> that great good has

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been done and no harm that he can find.

Looking back over two years of work in Boston and one year in Northampton, Detroit, Chicago, and elsewhere—for the movement has been reaching out as rapidly as is desirable—the results may thus be briefly stated: Without detachment from their church or from their doctor, several thousand people have been cured or much improved who once were suffering from such ills as nervous dyspepsia, neuralgia, false paralysis, neurasthenia, psychasthenia, hypochondria, melancholia, hysteria, insomnia, fixed ideas, morbid fears, suicidal tendencies, alcoholism, morphinism, cocaineism, and kindred troubles of the nerves or mind.

Whether the treatment offers more than a wholesome mental attitude and a bracing spiritual atmosphere in such ills as Bright's disease, tuberculosis, actual paralysis, arthritis, and well established insanity has not as yet been seriously considered. The movement is essentially conservative. It defers at every point

to science. It accepts the judgment of the medical experts that, while mental and spiritual treatment may prove efficacious in functional nervous disorders<sup>4</sup> where there is nothing worse than the impaired or perverted action of some vital organ, other treatment is required in all organic troubles where degeneration of tissue has actually begun. Along the line laid down by Dr. Mitchell in the words "there is no scientific record of any case of organic disease having been cured by any form of influence exerted through the mind," the Emmanuel movement rests its front, and refuses to take any forward step into the field of the organic till the medical profession orders an advance.

To some, Emmanuel methods may seem strange. To the psychologist and the neurologist the principles at any rate are perfectly familiar. They are outlined in the entrancing pages of Professor William James and Dr. Mitchell, and though they are overshadowed in the public mind by his "rest cure" Dr.

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Mitchell has made use of some of them without their terminology for more than thirty years. He has even established connection between religion and medicine by calling on the clergyman to help him in specific instances, and no longer ago than last May he remarked that "the physician who has never sought in such cases the aid of the clergyman has missed some valuable assistance."

The Emmanuel movement in Boston makes use of both the social uplift and the individual direction. There is a class for the prevention of functional ailments as well as a clinic for their cure. Any Wednesday evening from October until May you will find, if you drop in at Emmanuel Church, one of the most beautiful church interiors in the land well filled with worshippers, to the astonishment of those who think the mid-week service a spent force in organised religious life. A restful prelude on the organ allures the soul to worship. Without the aid of any choir several familiar hymns are sung by everybody who can

sing and many who can not. A Bible lesson is read. The Apostles' Creed is said in unison. Requests for prayers in special cases are gathered up into one prayerful effort made without the help of any book. One Wednesday evening Dr. Worcester gives the address, another Dr. McComb, still another some expert in neurology or psychology. The theme is usually one of practical significance, like hurry, worry, fear, or grief, and the healing Christ is made real in consequence to many an unhappy heart. Though the mass effect of the service, which is always followed by a purely social hour in the adjoining parish house, is prophylactic, it is not at all uncommon for insomnia, neuralgia, and kindred ills to disappear in the self-forgetfulness of such an evening.

But it is in the clinic, conducted every day by one or other of the two head workers assisted by eleven helpers, that the treatment is direct and definite. Every applicant must first submit to diagnosis. If organic trouble is disclosed,

he is not accepted as a patient. If the disease appears to be simply functional, the applicant is registered for treatment and passed on into the Rector's study. There he finds himself in an environment in which the very appointments of the room conduce to the disclosure of every fact, physical, mental, social, moral, spiritual, which bears in any way upon the situation. To the frankness which the family doctor's presence can evoke is added the confidence which the confessional inspires. All the conditions are for many a new patient immediately supplied which unlock the hidden wholesomeness of his inner life and lead by rapid stages to complete recovery.

Where more is needed than the full self-revelation, in itself curative, and the prayer and godly counsel which succeed it, the patient is next invited to be seated in a reclining chair, taught to relax all his muscles, calmed by soothing words, and in a state of physical relaxation and mental quiet the unwholesome thoughts and the un-

toward symptoms are dislodged from his consciousness, and in their place are sown the seeds of more health-giving thoughts and better habits. The spiritual result of such an experience outbulks all else. As week after week patients come for treatment, they frequently lose interest in the ailments which were once their torment and cease to think at all about them, physical health becomes a casual by-product of the spiritual uplift, and the sometime patient, well once more, one day goes on his way, like Jacob after Peniel singing to the world, "I have seen God face to face, and my life is preserved."

But the patient has his share in applying the treatment. The cure is never permanent without his complete and constant co-operation. The walls of Jericho may fall before one blast of the Emmanuel trumpet. There is, however, many a weary mile of self re-education to be trudged before the promised land of perfect health is his to keep. The spendthrift emotions are to be brought

to book. The relaxed will is to be re-energised. Conscience, grown perhaps a little careless, is to be aroused and kept awake. Every day while he is undergoing treatment and for many a day thereafter the patient must go alone into the silence of suggestibility, drive out the morbid and the evil from his mind, and all day long by sustained effort keep his mind filled with better thoughts.

There is among the Emmanuel methods a place for the "rest cure." It is in certain cases clearly indicated. But there is place also for the "work-cure," and almost two thousand of the cases which have come for consideration, consultation, or treatment have been set at some steady work that unifies the personality, swings the centre out of self, occupies the thoughts, and furnishes normal and habitual expression to the new-born energies.

Every Emmanuel worker is at times awe-struck by the immediate effectiveness of the treatment. Headaches of long standing have quickly disappeared. Insomnia, so stubborn in the presence

of the doctor, has sometimes vanished in one sitting. The liver, long dependent upon alteratives, has at once begun to function normally. Heart pain, not less severe because only functional, has been relieved in one short interview. And the unhappy sufferer from hysterical paralysis has left her bed to walk as if by magic after one clear call to make the venture. But the only magic known in the Emmanuel movement is the magic of a mind surcharged with faith and operative within bounds set for it by the scientific doctor. And when the principles and methods of the movement are understood and everywhere in exercise no one will think to leave his faithful minister or his good family doctor to find the healing Christ whose "touch has still its ancient power."

## CHAPTER II

### THE CLINIC IN A COLLEGE TOWN

NORTHAMPTON is both a literary and an academic centre. Though "How is your new book selling?" has not as yet supplanted here all current comment on the weather, with Mr. Cable, the Lees, and a score or more of lesser lights luminous in books and magazines, Northampton would appear to have some title to the place assigned it in a recent magazine's among the literary centres of the land.

To academic import the city rests its claim, not only on the circumstance that within a radius of ten miles are located Amherst College, Mount Holyoke College, the Massachusetts Agricultural College, and several other educational institutions of more than local reputation, but also

on the presence at Northampton's very heart of Smith College, which brings here every year some fifteen hundred young women from all parts of the United States and enables the Northampton pulpit to minister to congregations almost as cosmopolitan as old St. Paul's in London.

This is essentially a woman's town. While there are here important manufacturing and business interests, the young men as they grow up to manhood are apt, as in many other places in New England, to migrate to larger and more remunerative fields of usefulness and to perpetuate elsewhere the family name. To those they leave behind are added in increasing numbers every year students, teachers, officers of Smith College, Smith Agricultural College, the Clarke School, the Burnham School, the Capen School, and other institutions, mothers who for reasons of economy or family attachment would be within easy reach of their children in the colleges or schools, and women caught in the complex machinery of modern social life and

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glad to find a haven in a city of unusual refinement where if one waits long enough intrinsic worth wins social confidence.

In such a city with its highly sensitised and truly cosmopolitan population, the Emmanuel movement would seem to have a special work to do. While as both statistics and appearances indicate the average of health here is unusually high and to become ill is ill form indeed, there are always some who, in spite of all the safeguards of a wholesome public opinion and the special provisions of our well-ordered institutions, fall into insomnia and other mild neuroses. There are others who are slow in finding themselves in an old community where social lines were long since drawn and relationships to mean much must grow slowly. For these and others there has long been needed a bureau of information about the things that make for inner health, a clearing-house for forlornness, worry, fear, and grief, a spiritual clinic to which frayed nerves, wounded hearts, and troubled minds can be brought for calm,



AN OLD STREET IN NORTHAMPTON WHERE GEORGE BANCROFT ONCE LIVED.  
JENNY LIND SPENT HER HONEYMOON HERE.



consolation, and uplift. And many of all faiths and no faith at all have this year past come to the spiritual clinic of St. John's Church to satisfy this need and to seek help in working out some of life's more complex and elusive problems.

The Emmanuel work in St. John's Church must be done amid conditions set by parish policy. The Rector has no assistant. Though the list of registered communicants numbers only 397, he has in his care all told about twelve hundred souls. In a parish in which almost three fourths of the worshippers are but temporary residents and in which no such solidarity of interest is possible as in the ordinary parish, the minister inevitably becomes the one unifying force and has to be habitually diligent in visiting his people. The income of the church must also be maintained from month to month, even where there is as here a considerable endowment; for deficits are difficult to dissipate where the nucleus of resident membership is small and more truly representative of plain living and high

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thinking than of wealth and luxury. Organisations, too, have in such a parish a large place since many of the temporary residents have both consecrated zeal and ample leisure, and the Emmanuel clinic has had in consequence to take its place among twelve efficient parish organisations, ranging in membership from ten to one hundred and thirty, and supplemented since the clinic was established by two more societies now in a flourishing condition.

To be of service here the clinic has to be kept within limits. Perhaps proof that this has been done will become evident when I state that though my habit is to pay about one thousand parish calls a year, I paid in 1908 more than twelve hundred calls and received at least four times as many calls from my own people as has been their wont in other years to pay. In spite of the business depression which seriously affected one third of our communicants the Easter and the Christmas offerings were larger than usual and the parish closed the year with a surplus.

The number of baptisms and communicants received from distant parishes has been the largest in several years, and with scarcely an exception the organisations of the parish have had the most prosperous year in their existence, thanks to the co-operation and consideration which the Rector has received the whole year through from all concerned.

The community as truly as the parish prescribes conditions to which the Emmanuel work of St. John's Church must in the nature of the case conform. In a city of 20,000 people the good-will of all Christians, Catholic and Protestant alike, is of great value. Ministering as the Emmanuel worker must when he alone in a community is ministering in the Emmanuel way to Christians of every fold, to proselyte would be alike a blunder and a sin. In my relationship with those who come to me from other folds, I have lost no opportunity to strengthen their connection and to deepen their devotion to their own. In three instances I have positively forbidden attendance on the

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services of my own church, and in another instance induced a patient of much consequence in a neighbouring community to join the church of his upbringing after his own good pastor's years of eloquent persuasiveness had failed. I am therefore venturing to take comfort in the words of old Cato:

“ ’T is not in mortals to command success,  
But we ’ll do more, Sempronius, we ’ll deserve  
it.”

And I am sure the Emmanuel movement will, some day, when rightly understood, contribute substantially in many a community to church unity.

The relationship of the Emmanuel worker and the doctor in a city small enough for everybody to have first-hand knowledge of his neighbour’s business is of prime importance. The work can be in fact at every point embarrassed unless the doctor gives a glad consent and constant help. Northampton doctors with scarcely an exception from the first have shown a friendly spirit toward the clinic here. If any have regarded it

from a selfish point of view, I have not been made aware of it. But I have had frequent evidences, even when some of them have not formally endorsed the movement as a whole, of their discriminating and scientific interest in all my efforts, and have had their counsel and co-operation all along the way.

As in Boston so here a doctor's diagnosis has been in every case required, and at my request the doctors have made their usual charge for it. I have claimed and received their co-operation in many cases from a distance as well as from Northampton where functional nervous disorders were accompanied by organic and other troubles, and have insisted as in diagnosis, that they charge a proper fee for every service rendered. Though they have never known it, I have on several occasions saved to them their own patients grown discontented, and have strengthened them in certain instances in the family confidence. They in return have sent me some cases which had baffled medicine only to find at last

more or less relief in spiritual treatment, and I have at their request worked by the bedside more than once with them where physical disease has been accompanied by depression or distress of mind. Three cases of typical co-operation among my own parishioners will illustrate the true relationship between the doctor and the minister in the Emmanuel movement.

CASE 1.—For three years, the wife, no longer young, of an English workingman had been suffering from neurasthenia of which the most distressing symptoms were neuralgic pains, nervous indigestion, and extreme depression. Three competent doctors had tried in vain to help her. They could not lift her out of her depression. She was last January praying to be freed from her distress by death, and the family were no longer offering any serious opposition to her deepening despair. With the doctor's ready approval, I set out by the Emmanuel treatment to change her and the family's attitude toward her condition, and to

build up in them all new confidence in the doctor and his medicine. Two visits proved sufficient. There was from all immediate response. Within forty-eight hours mental and physical improvement became manifest. Within a month the doctor ceased to visit her, and though she now and then has a bad day and turns to him for medicine, she is much improved in every way and is far more serene and happy.

CASE 2.—A woman, fifty-four years old, had suffered for four years from asthma which had steadily grown worse. With it of late heart and kidney complications had been suspected. In spite of all efficient doctors have done for her, she had plunged deeper into hopelessness and had sometimes wished to die. On one of my ordinary parish visits I found her on the point of turning to a doctor in another city. At my request she tried instead another doctor in Northampton. He diagnosed the case as asthma accompanied by bronchial inflammation, but no other complication. He gave her a

prescription which proved efficacious for the bronchial inflammation and directed her to me for the Emmanuel treatment. On July 10th, 17th, 24th, and August 4th, I gave her the usual quieting treatment with immediate results. The asthmatic attacks no longer came by day and subsided in severity at night. Her hopelessness gave way to calm and cheerfulness, and her general condition was much improved in every way.

After my return from my vacation I saw her five more times at weekly intervals, and on October 20th discharged her. Not only had the attacks by day ceased, but she seldom suffered from a night attack, and now reports herself, in spite of occasional untoward symptoms, as well as she could reasonably expect to be with her history of protracted invalidism.

CASE 3.—A woman, well advanced in years, had been suffering for six years from what appeared to be a malignant growth within. Though an exploratory incision was forbidden by her age and her weak

heart, there were present all the characteristic symptoms of the trouble. For a year or two she had seldom been able to leave her home and spent a large portion of her time in bed.

Being a devout member of my parish to whom I had for four years paid frequent visits, she was set upon receiving the Emmanuel treatment. My protest that the Emmanuel movement has no message for cases like hers was met by such outbursts of faith in God's power as is seldom seen outside of Christian Science. Her doctor, with largeness of vision and keenness of sympathy, advised the treatment with the thought that though it could not possibly effect a cure it might at least cheer her up and give her strength to bear the pain.

On January 10, 1908, I gave her the first quieting treatment. To my amazement though not to hers, the lancinating pain, which had long been present practically unrelieved save now and then by morphia which had to be given sparingly because of her weak heart, immediately

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disappeared, the other more definite symptom also ceased for a time, and the habitual insomnia was superseded by regular and profound sleep which has seldom during the year past been interrupted.

From March to June the treatment was discontinued, and all the symptoms except insomnia gradually returned. Then for some months treatment except during my few weeks' vacation was given every fifth or seventh day with the resultant practical disappearance once again of the symptoms. In November and December no treatments seemed to be required. The general health is better, her physician says, than it has been in many years, and he is now convinced that the disease was probably not what it first appeared to be, but some acute neuralgic condition, which has lately shifted to another part of the body, probably resulting from a very complicated surgical operation which she underwent some seven years ago.

Better than the improvement—at which everyone who knows this Christian saint

has marvelled—in her physical health has been the new access of mental strength and spiritual vigour, and she bids me say to those who read these lines that the new faith, the new joy, the new peace she now knows in Jesus Christ have lifted her above the anxiety she once felt about her physical condition.

As Ray Stannard Baker has pointed out, back of the Emmanuel movement already emerges into view to those who have keen eyesight the inevitable rivalry between religion and medicine to serve men more than hitherto. But no doctor who adds to knowledge and experience in his profession nobility of character need have concern. The Emmanuel movement has not come to challenge any claim to which medicine has a clear title. It has a purpose more beneficent,—to pool the resources of religion and medicine, to pair the minister and doctor in the service of those whose ills are of the mind and soul as well as body, and to bring to an end that hostility to medicine which is too manifest on every side.

This fact I have never once forgotten in my clinic. I have not only never lost an opportunity to make it evident to the community, I have also habitually so emphasised the fact in my relationship with the physicians that as I enter on the second year of the good work almost every case under treatment has been sent me by some physician who understands both my motive and my method, and I am so often called to the bedside by some doctor that it is at times almost impossible to observe any clinic hours at all.

It would be difficult, I think, to find a reputable doctor anywhere who would object to the good offices of a minister in the following cases which happen to be the ones which I am treating now: four cases of neurasthenia of such long standing that it had been several years since any of them had had systematic treatment of any sort from a doctor before I claimed the doctor's co-operation a few weeks ago; two cases of obsessions which have been refused treatment by regular physicians; one case of headache of three years'

duration which the oculist, the dentist, and the family doctor have each in turn failed to relieve but which under spiritual treatment is almost gone; two cases of extreme depression consequent upon misfortune; two cases of exaggerated "New England conscience," which has made home miserable to all who live in it; one case of insomnia for which the doctor has discovered no physical cause; and three cases of alcoholism, one of which, a woman, lives in a physician's household and comes to me with his enthusiastic approval.

Far from hurting the physician's pocket or prestige, the Emmanuel movement conducted in continuous co-operation with him will one day increase public confidence in him. The disposition to stray from one doctor to another will disappear as the minister more and more becomes the family adviser in regard to spiritual and mental hygiene. The doctor will be rated higher, paid more promptly, and retained even though, being human, he may sometimes err in

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judgment or fail to effect the cure the family expect. The movement will establish him one day too securely in the family esteem to be affected by the whims of the neurotic and the caprice of the unreasonable. It will one day make him once again the good, old-fashioned family doctor, going in and out among the families who love him and who trust him, healing broken hearts as well as broken bodies, co-operating with the minister as the minister co-operates with him, doing the Great Physician's work in all humility, and counting it clear gain if once in a great while he hears a voice whispering within his soul the words the famous London surgeon spoke to the old family doctor in *Beside the Bonnie Briar Bush*: "You are an honour to our profession."



THE RECEPTION ROOM.



## CHAPTER III

### A YEAR'S RESULTS

THE inauguration in Boston of the Emmanuel movement in the autumn of 1906 interested no one more than me. As literary critic in 1891, though the rôle was a mere sinecure, of the manuscript of Dr. William Osler's now world-famous book on *The Practice of Medicine*, I had had unusual opportunities to learn that in many instances it takes more than medicine to make us well when we are ill. In the preparation, two years ago, of my book on *Christian Science*, I discovered that underlying all the forms of mental healing, whether practised by the doctor or by the Christian Science healer, is the principle of suggestion and that when,

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as in the Emmanuel movement, faith is added to suggestion and the two are exercised within the bounds designated by scientific medicine, many functional disorders can be completely cured and ameliorating conditions brought about even in some other ailments.

When, therefore, on the stormiest Sunday evening in the autumn of 1907, the founder of the Emmanuel movement spoke his message to a congregation which packed St. John's Church, Northampton, to the very doors, "I was not disobedient unto the heavenly vision." That very week, I opened in St. John's parish house an Emmanuel clinic, without the Emmanuel class, and at once began the work. The first three months my clinic hours were from four to six on Tuesdays and Fridays. Then as I found that there were cases which had some claim upon me and yet could not come save in the evening, I substituted the evening for the afternoon of Friday. Now after a year's experience I set aside my Tuesday mornings for the clinic and

see two or three other cases in the evening.

Sometimes it has cost me much self-denial to refuse to give more time to the Emmanuel work. But realising that the parish which has first claim on my time must also have the first consideration, and that my experiment will not furnish inspiration to other churches the land over to undertake the work unless I prove the possibility of doing it without hurt to other parish interests, I have steadily refused to go beyond the limits which the local situation clearly sets and within them I have in the clinic seen 400 different people this year past and have given systematic treatment to 105.

Though statistics where "nerves" are concerned are difficult to collect, to classify, and to appraise, the diagram which appears on page 37, and which was prepared with painstaking care and with every allowance for unintentional exaggeration, will give at least a general idea of the year's results.

Of the 105 cases sixty-five have come

from other places than Northampton, chiefly from towns and cities within a radius of twenty miles. Eighteen were men and fourteen college students. A much larger proportion, however, of those who have consulted me but once have been men, and not only have the local educational institutions been represented but also such universities and colleges as Harvard, Yale, and Amherst. Of the 300 whose relationship has been limited to one consultation Northampton leads in numbers, but such distant States as Maine and Indiana, Florida and Missouri have also been represented, while letters have come from the ends of the earth.

The list of the "apparently cured" is made up of those who have apparently returned to normal health and have shown no disposition to relapse. The "much improved" are those concerning whom the doctor's judgment has confirmed the general impression and the patient's own belief. Among the "slightly improved," at least two are likely to pass up into the next higher class, and I fear

# A Year's Results

37

Diseases	Appar- ently Cured	Much Im- proved	Slightly Im- proved	Not Im- proved	Result Un- known	Re- lapsed	Treat- ment Discon- tinued	Still under Treat- ment*	Total
Neurasthenia...	9	22	6				2	4	39
Psychasthenia...	3	7	4	4	2	1	4	25	
Alcoholism....	2	2	1					3	5
Miscellaneous...	8	13	1	1				1	24
<b>Total.....</b>	<b>22</b>	<b>44</b>	<b>12</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>12</b>	<b>93</b>

\* Not counted in the total.

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a serious relapse for no more than four. The "relapsed" are not a constant factor. There have never been more than two at a time as I have been able to discover, and the restoration usually follows the relapse.

Of the one hundred and five cases, twenty-four, most of them in recent months, have been sent me by physicians of their own accord, and it is rapidly becoming difficult for me to accept any other cases. In twenty-eight cases I have had, besides the doctor's diagnosis, his counsel and co-operation at every stage, and not infrequently the dentist, the oculist, the throat specialist, the orthopædic specialist, or the neurologist has made an important contribution to the convalescence. Special treatment for insomnia, occurring as a symptom or a sequel of some other ailment has been given to twenty-eight of the one hundred and five, not to mention at least fifty more who have in one interview been directed to the art of natural sleep. The improvement in sleeping has been in almost every instance immediately evi-

dent, as in the numerous instances of constipation for which suggestion reinforced by faith seems to be as surely a specific as quinine is for malaria.

Under the heading of "miscellaneous" are grouped cases which scarcely find place in any other group. They range from depression following business disaster, domestic infelicity, and family bereavement, to the mental distress which comes from lack of adjustment to environment or from actual and persistent homesickness. Seldom have I known such joy in ministering to souls in difficulty as I have experienced in dealing with the "miscellaneous," and no minister can ever want financial remuneration for his Emmanuel services who has the proofs that I have had from my "miscellaneous" patients that it is possible even for the unimportant to "be to other souls the cup of strength in some great agony."

Reducing the statistics to percentages, it would appear that about twenty-four per cent. have been "apparently cured,"

forty-seven per cent. "much improved," thirteen per cent. "slightly improved," five per cent. "not improved." If the percentage in which there has been no improvement seems small, so small in fact as to appear almost invisible to scientific medicine which has failed alone to effect any change whatever in many of the ninety-three cases under consideration, it should be remembered that before I undertake the treatment of any case I require not merely the diagnosis of a reputable doctor but also trust my intuition as to whether I can with my temperament and training wake in the patient the faith without which I can do nothing. There are some cases in which, though the prognosis would seem favourable, I feel at the first interview my inability to help, and frankly admit the fact. In two of the three cases in which I have discontinued the treatment, I have done so because I found myself unable after a few interviews to dominate the situation and to induce the patient scrupulously to follow my directions,

and taking the responsibility upon myself I promptly terminated the professional relationship.

The most significant results of the Emmanuel treatment are psychical and therefore not to be described by statistics. They are written in the heart. They shine forth from the face. To some, even though still suffering from ills of the body and included therefore in the list of the "slightly improved," the new uplift of the soul, the new serenity of mind, seems to make the body's ills practically negligible. "I have ceased to have an interest in them," one suffering patient said to me who in her darkness sees the light. In some detail for purposes of illustration I next describe five cases too elusive for a diagram. They happen with scarcely an exception to be true representatives of New England character and culture.

CASE I.—My first case, not listed in the diagram, came some months before I opened my clinic. A good friend emerged three years ago from the shadow

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of a ghastly tragedy both a neurasthenic and a psychasthenic. She never slept without the doctor's help. Attacks of vertigo seriously interfered with walking. Two neurologists gave her no hope of recovery. The third placed the entire responsibility on her without giving her the impetus such cases always need. Just as she was on the point of yielding to despair, in August, 1907, I wrote her an insistent protest, bade her believe she could get well again, and set her at the reading of Dubois's two illuminating books. Within a month she was much improved and now she writes that the sleeplessness and vertigo are wholly gone, and save for sad memories she is sure she could become entirely well again. As she reflects upon her great improvement she is sure that changed conditions far more favourable than came into her life just before my letter reached her have combined with her new psychical philosophy to effect the transformation in her health. My service apparently was to shock her by

an earnest letter out of her incipient despair.

CASE 2.—On October 6, 1908, a woman fifty-six years of age came to my clinic, suffering from ordinary neurasthenia for eighteen years. The special symptoms all these years have been insomnia, fixed ideas, lack of concentration, failing memory, and habitual egoism. She received treatment every week until December 11th. In every respect she was a model patient. Though her improvement was not steady it was never seriously interrupted. The sleep average gradually rose from four hours a night to six or seven. The fixed ideas slowly disappeared. There was a steady gain in strength of mind and body. By December 1st, the self-consciousness had all but disappeared and she could bear to lie awake at times without morbidness and fear. Every direction I gave her she scrupulously followed. She read widely and deeply of the most optimistic literature. Week by week she added to her knowledge of the principles which under-

lie good health for the nerves and grew more expert in their application for herself. When on December 11th, I received a letter from her containing the following words, I promptly discharged her as practically well: "I am cured. I sleep as other people, work, think, and am normal. Of course I realise that I shall have setbacks, but they will have their right place in my thinking and be no more a bugbear to me."

CASE 3.—Another woman, the same age, came to me March 27, 1908, suffering from "heart trouble" unrelieved, though many doctors had at one time or another made the effort to relieve her. Worse than the "heart trouble" was the extreme discouragement it brought. The immediate diagnosis of a Northampton doctor disclosed nothing worse than functional derangement of the heart. Treatment was at once begun, and improvement promptly followed. The heart pain was felt less often, was seldom so severe, brought less depression and anxiety along with it, and by May

26th the patient was advised to suspend her visits.

At my request she kept a record of her progress back to health, and before me lie forty letters from her constituting probably the most valuable testimony in existence to the effect of the Emmanuel treatment on a personality of exquisite refinement, keen insight, and ripe judgment. The day after her first treatment she wrote:

Do you wish to know what I felt and thought as you spoke yesterday? At first an unendurable sense of the amount of trouble I was making you, but as I listened to your words it came to me what it means that God's minister should so interpret her Heavenly Father to even one uneasy soul. As you talked on and I so quiet, His peace came to me. I came home comforted. Whether it is auto-suggestion or awakened conscience the practical result is this: instead of turning back to my pillow this morning with a distressed sigh because of the fluttering side I arose at once assuring myself it is nerves, not heart. So I went about my duties, assured by the doctor's diagnosis and your faith which upholds mine. To-day I feel steadied and set upon the right

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road, and I look back bewildered that I could have been so mistaken.

On April 23d she wrote:

Truly I can not understand myself nor explain the peace of these weeks. The fatigue and exhaustion of Good Friday were far less than ever before, and although sorry for their presence I was neither troubled nor afraid as at other times. The disagreeable symptoms have a way of appearing still most unexpectedly. But there is this difference. Before, when I was living in the belief that any one of these occurrences might end my days each one would be followed by nervous tremors hard to bear. It is now all different.

One month later she wrote: "It is now two months since my first visit to you, and only two or three times have I suffered as I did before and those days brought less of stress and exhaustion."

Under special strain early in July there was a brief relapse; but on July 11th she received a quieting treatment, and July 13th wrote me: "I have had almost no further trouble. It is as if you put out your hand and turning off one current of

disquiet and unrest, had turned on another of coolness and of balm." Inasmuch as the heart pain is lessened both in frequency and intensity and can be completely controlled by suggestion and faith as it never was by medicine, and the mental distress accompanying it has practically disappeared, and two physicians have recently pronounced her as in excellent condition, and there is evident to all who know the woman marked improvement in her general well being, the case is placed among those "much improved."

CASE 4.—May 1st, a young man of thirty came into my study with the saddest face and saddest story I have heard in many a day. With a brother and a sister nervous invalids of long standing there was little to encourage him when he fell ill two years ago. To neurasthenia were added certain local ailments which disqualified him for business and for social intercourse and isolated from his kind one of the most companionable and most finely sensitised of natures. Several doctors had

failed to help him. None offered him much hope of restoration to good health.

Though accepting his family doctor's judgment that there was no organic trouble, I was convinced on close inquiry that the diagnosis of a stomach specialist was needed, and at my request he consulted one of national repute. This was the diagnosis which the specialist sent me within a week: "An excessively acid stomach, three times greater than the normal. When the hydrochloric acid is in excess we have a neurosis, due to mental nervous causes and not to organic change." With the diagnosis a prescription and a dietary scheme were provided and the Emmanuel treatment was earnestly suggested.

Once a week until June 16th he received the quieting treatment, faithfully took the medicine prescribed, and lived up to the dietary scheme. The improvement was immediate and rapid, and even though for some weeks he was unable in his summer camp to diet scrupulously

the improvement steadily continued. August 9th he wrote me:

In spite of my wonderful improvement there have been half-hours up here when I have ached for a half-hour in your study, and my desire for soothing and restoring rest amounted to a craving of severe intensity; but there have been moments when I could have laughed aloud in thinking of the change which has come over me.

His mother also writes that "he is on the road to complete recovery" and when I saw him in October he was the very embodiment of robust manhood.

CASE 5.—Four years ago a successful commercial traveller, fifty years of age, was stricken with the psychasthenia of monophobia. He feared to leave his house without his wife. For four years she went with him everywhere. Even with his wife he never ventured on a steamship or took a long railroad journey. His capacity for business was impaired. He spent large sums of money seeking medical relief. From last January until June he was at his worst, and June 16th his wife, with the approval of his doctor, brought him, a neurasthenic wreck, to me.

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Before I could begin the treatment I had not only to gain his confidence but also by an enthusiastic domination of his mind to lift him out of his depression. After three treatments he came June 26th, alone for the first time in four years from the city in which he lives to the clinic in Northampton. The second week in July he took a long journey with his wife including one night on a steamer, attended to much business with a confidence and efficiency he had not had in years, sent his wife home a half day ahead, and travelled the last hundred miles alone with a sense of freedom from all fear that filled his heart with joy. He gained twelve pounds in weight the first month of his treatment. He is now travelling almost constantly without his wife, despatching business with zest as he has not done before in years, and though he still has attacks of depression I am venturing, with the hearty approval of the doctor, to place him among the "much improved."

At this stage of the Emmanuel work

there are perhaps as many lessons to be learned through a study of the failures as of the successes. Passing from the two instances in which, though no damage mental or physical was done, the fault was altogether mine, I hasten to three cases where the responsibility of the failure to improve belongs elsewhere:

The first was a case of obstinate obsessions in which there was, under treatment, intermittent improvement followed by cessation of all progress doubtless due, as Dr. Upson has made clear in his *Insomnia and Nerve Strain*, to some dental lesion. The treatment has been discontinued pending the visit of the patient to a dentist whose threshold he has not crossed in many years.

The second was supposed to be a case of neurasthenia accompanied by delusions, but after a few weeks of treatment, which included daily visits from a doctor and during which the sleep average was raised and the general health somewhat improved, there could be no longer any doubt that the man, was suffering from

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involutional melancholia which was beyond Emmanuel treatment.

The third case was one of neurasthenia expressed both in local pains and in profound physical and mental depression. The inability of the patient, a woman of fifty, to keep her appointments for treatment made it impossible for me to serve her with that sense of confidence which must be in the worker's mind if he is to kindle faith in the unhappy sufferer's mind.

The fourth case is that of an aged woman suffering from what appeared to be ordinary hypochondria, but which after the diagnosis of two physicians proved to be well-established senility. The treatment for hypochondria did bring immediate results, but there was a relapse and as soon as the true diagnosis was reported I discontinued treatment much to the regret of the unhappy woman, who still thinks she can be helped.

The deeper significance of the statistics will appear in the consideration now to follow of the treatment of the representative ailments indicated in the diagram.

## CHAPTER IV

### THE TREATMENT OF THE NERVOUS

"NEURASTHENIA" is a modern word. Its archetype was nervousness, and even the word "nervousness" is nowhere found in Shakespeare. As Dr. Weir Mitchell has reminded us, when Shakespeare uses the word nerve at all he uses it as a synonym for sinew, and in the language of the street to describe a man as having nerve is still more Shakespearean than modern.

When Beard began a generation ago to offer proofs that neurasthenia was rising to the baleful dignity of a popular disease in America where it has achieved peculiar pre-eminence, "there was," he says, "scarcely a responsive voice in any country," and even when his book on

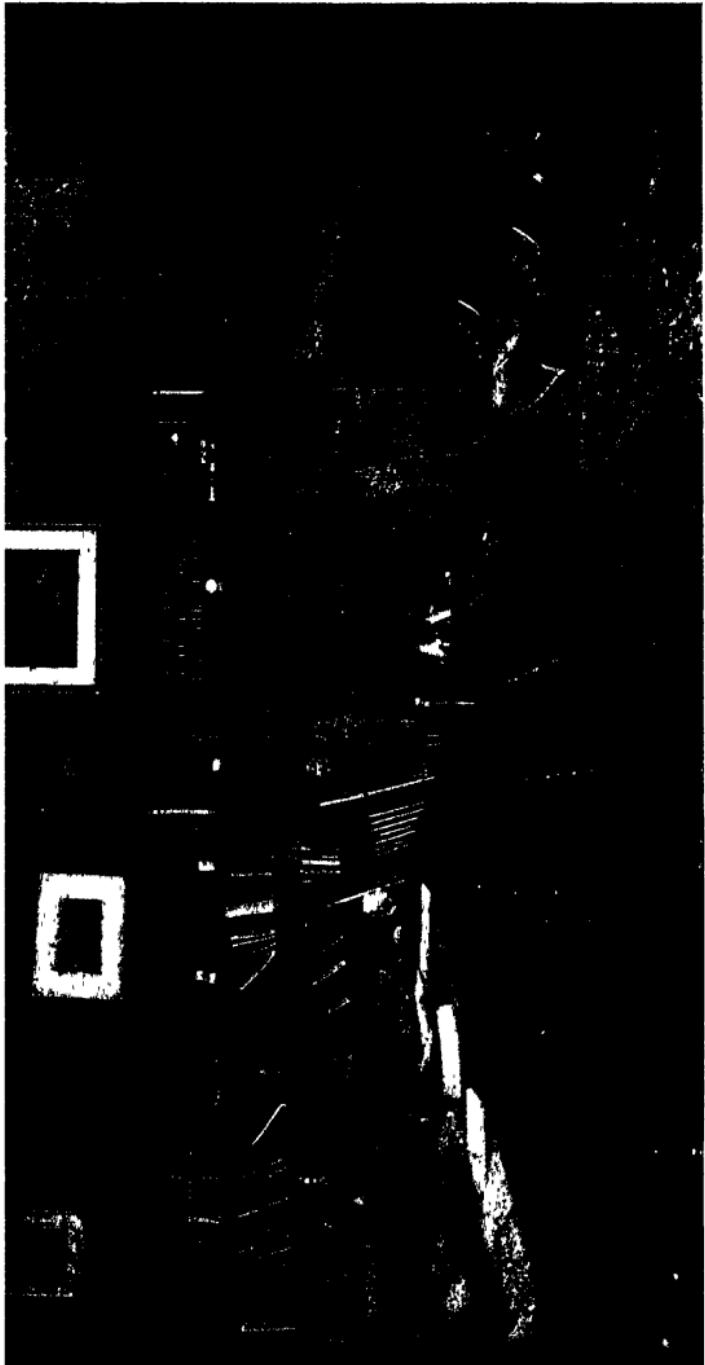
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*Neurasthenia* appeared in 1880 the strongest, most numerous and comprehensive endorsements of it came from Germany and England rather than America.

Now at least forty per cent., thinks Dr. Cabot, of the patients who come to the general practitioner are suffering from neurasthenia in one form or another, and if the current impression to be gained from reading medical journals or from casual conversation with reputable physicians be trustworthy, the good family doctor would rather have a broken arm to mend or a mild typhoid to treat than neurasthenia.

For scientific definition of it the reader is directed to his family doctor. The author's business is to give such information about it as the average educated man may be expected to possess, and therefore he passes on the word of Dr. Osler that neurasthenia is simply "weakness or exhaustion of the nervous system."<sup>6</sup>

Sometimes it assumes one form and



THE RECTOR'S STUDY.



sometimes another. Usually the sufferer describes herself, for she is oftener a woman than a man, as nervous, by which she usually means that mentally she is emotional, excitable, vacillating, indecisive, depressed, restless, despondent, irritable, and so easily thrown out of plumb that every detail in life lacks proportion, fear and worry paralyse her powers, and even "the grasshopper is a burden." Physically she suffers from ills too numerous for description, but the catalogue frequently includes general debility, loss of weight, sleeplessness, local aches, sensations of fulness, flushes in the head—even when there is no actual headache, throbbing, pain, palpitation or irregularity of the heart, and various disturbances of the digestion, the liver, the kidneys, and other organs of the body. At its worst the nervousness becomes so serious that there is chorea, hysteria, hypochondria, or psychasthenia in which the mental disturbance outweighs all physical derangement.

The causes of nervousness are as numer-

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ous as its symptoms. Some whose teeth have been set on edge by the sour grapes their ancestors ate start life handicapped by lack of what we call "nerve force" and furnish a considerable proportion of the neurasthenic through failure to discover what the limitations are of their nerve possibilities. Some have a nervous adult life because their nervous system was not protected in childhood from shocks, from over-stimulation, from the formation of erroneous habits, and from various local weaknesses which are easy to correct at the beginning and sometimes impossible in later life. Some—perhaps far more than we imagine—turn neurasthenic in one way or another just because the age in which we live is so tense and so alert, so complicated and so strenuous, that there is in consequence more wear and tear upon the nerves than in earlier and simpler days. Some grow nervous as a result of accident or overwork or organic trouble of one sort or another, or from worry and its unholy brood of children.

It used to be believed that only the rich, the well-to-do, and the over-refined discover at last that they have nerves. Now we know that nervousness recognises no class distinctions. The shop girl and the farmer's wife, the student and the factory operative, the doctor and "my lady at the height of the season" have "nerves" these days, and sometimes in the lower strata of society neurasthenia is more serious because the victim gets no sympathy from those around and can neither afford the services of the high-priced neurologist nor the "rest cure" in a good hospital, where a private room must be had if the cure is to prove effective. The author knows of several cases of this kind in Northampton which are apparently beyond the reach of help, and he therefore rejoices with others in the establishment by Dr. Richard C. Cabot in 1905 of the Social Service Department of the Massachusetts General Hospital for the treatment of such cases.

The treatment of neurasthenia is too familiar to require elaborate description.

On one thing all who have the right to speak are now agreed,—that usually any treatment to be helpful must have regard to the “whole man.” There is a place for drugs. Every wise doctor knows when to use his strychnia or his nux vomica. Sometimes drugs alone suffice to correct a physical disturbance. The oculist, the dentist, the stomach specialist, the nose and throat specialist, or the orthopædist can remove local difficulties which stand in the way of well nerves. Not only have I in my clinic turned back with immediate results to one specialist or another, nervous cases sent to me by some general practitioner who was sure the case was one for mental or for spiritual help alone, but in one instance a lifelong invalid has found practically normal health because primarily at my suggestion she sought for the first time and received the help of dentist, oculist, and orthopædist, though several general practitioners had never made the suggestion that she see a specialist at all.

But in general in the treatment of neurasthenia the words which Dr. Osler wrote in 1891 still stand unshaken: "Medicines are of little avail."<sup>7</sup> If any confirmation of this is needed it is perhaps suggested in the following statistics<sup>8</sup> furnished by the Out-patient Department of the Massachusetts General Hospital:

Year	Number of Visits	Number of Prescrip- tions	Visits Exceed Prescriptions by—
1902.....	88,868	58,177	30,691
1903.....	95,728	55,285	40,443
1904.....	106,175	53,321	52,854
1905.....	110,631	49,793	60,838
1906.....	107,063	43,674	63,389

The patient should turn first of all to those who understand the methods of Dr. Weir Mitchell. His treatment by "seclusion, rest, massage, full feeding, and electricity" was, according to its eminent exponent in England, Dr. William Playfair, speaking in 1888, "the greatest practical advance in medicine" made in a quarter of a century. But many doctors, there is too much reason to believe, who recommend the "rest cure" fail to add to it the essential on which Dr.

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Mitchell says, in the following words, the permanence of the cure depends:

All the moral uses of rest and isolation and change of habits are not obtained by merely insisting on the physical conditions needed to effect these ends. If the physician has the force of character required to secure the confidence and respect of his patient, he has also much more in his power, and should have the tact to seize the proper occasions to direct the thoughts of his patients to the lapse from duties to others and to the selfishness which a life of invalidism is apt to bring about. Such moral medication belongs to the higher sphere of the doctor's duties, and if he means to cure his patient permanently he cannot afford to neglect them.<sup>9</sup>

But allowing that the "rest cure" in all its fulness is in many cases indicated, three facts in many cases still remain to be considered:

i. That many doctors, like many ministers, do not have the "force of character required to secure the confidence and respect of their patients" and in consequence depend on the "rest cure" without its essential accompani-

ment or on medicine as a mere placebo where medicine in any form may be out of place.

2. There are many people, perhaps the majority of nervous women, who are both unable so to command conditions in their home as to take the "rest cure" and to afford the expense which it entails and also to spend the money and the time required in a hospital. For such either more emphasis must be laid on the mental and the spiritual help Dr. Mitchell earnestly commends or they must fall back upon medicine where medicine is not truly indicated. It is with the view of dealing with such cases that Dr. Cabot is making his important experiment with the Social Service Department of the Massachusetts General Hospital which is steadily reducing the number of prescriptions given to the nervous and rapidly increasing the number of social visits and is adding to the doctor's expert service the human touch of the social worker who goes into the neurasthenic's home "to reach the hun-

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dred and one outside influences which always play so important a part in the health of a man."

3. Disguise it as we will, there is a growing conviction that the "work cure" is in itself more useful in many instances than the "rest cure." Half the neurasthenics who come to Dr. Cabot are, he believes, "suffering" more for lack of work than for lack of rest. Whether as Dr. Cabot thinks we are in the future likely to hear less and less of the rest cure,<sup>10</sup> we shall undoubtedly hear more and more of the work cure, if for no other reason than the circumstance that many nervous people cannot take the rest cure at all and have learned from experience that congenial work done moderately in the right spirit does have a soothing and a recreative effect on the whole system.

At this point there would seem to be a place, however small, for the Emmanuel movement. Though ultimately, after psychotherapy has become fixed in the curriculum of every medical college in

the land, physicians who now employ it casually and with some lack often evident of self-confidence, will make systematic and scientific use of it, neurasthenia in a well-developed form will probably be treated less and less in the Emmanuel clinic which is likely to be busy with preventive therapeutics, it is inevitable that at this stage many should seek the Emmanuel clinic who have been dependent hitherto upon the family doctor alone.

Every Emmanuel clinic works within the limitations set by scientific medicine. But every Emmanuel worker follows his own temperament and training in the application of the principle. In describing my methods I am well aware that others may attack the problem somewhat differently, but I am sure the same principle will in every case be generally recognised.

When a neurasthenic comes to St. John's clinic to apply for treatment, she is made to feel at home in the reception room by a mature and cheerful Christian

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woman, who has read much upon the general subject and has tested the Emmanuel principle in her own experience with such success as to give to her words of cheer a conviction they could not otherwise have. While the applicant waits, there is abundant literature that bears upon the subject for her to read, and when at last she is admitted to my study, with its soft colouring and open fire, she finds herself, if testimony can be trusted, in an atmosphere in which it is seldom difficult to speak freely of the purpose of her visit.

If she brings with her a letter from a reputable doctor testifying that the case is one distinctly for Emmanuel treatment, the way is open for a frank discussion. If she comes without a letter she is sent to any one of several Northampton doctors for diagnosis. After that the way is open for consideration, usually with the doctor's help, of the important question as to the purely physical origin of the neurasthenia. Neurasthenia occasioned by simple exhaustion of the

body or by some damage to the physical organism needs something more, and sometimes other, than Emmanuel treatment. Such cases I habitually advise to seek the judgment of yet another doctor, a neurologist if possible, and to be guided by his counsel, likely to be the "rest cure" if that is practicable. If, however, that is not practicable, I enlist the co-operation of the local doctor, work under his direction if he will allow, and supplement his treatment in any case not merely by faith but also by specific suggestions to build up in her the utmost confidence in him. In a few instances where the patient had to choose between no treatment at all and this treatment in which the doctor was re-enforced, but in no sense supplanted by the minister, some astonishing results were obtained.

One case deserves special mention. A woman, aged forty-four, came to me September 22d, for treatment for general nervous weakness. She was born, she said, without the average vitality. She never remembered when she was as

strong as other girls. She had had several breakdowns beginning in her college days. She had hurt her spine by a fall some years ago and more recently had torn some ligaments in another fall. There were habitual physical weakness, faulty digestion, poor appetite, mental depression, fixed ideas, headache, pain over the left eye, and an almost constant pain at each extremity of the spine. Before her treatment could be fairly started, I had her see an oculist who relieved the eye-strain, an orthopædic specialist under whose care the spinal pain completely disappeared, and then I worked with the approval and counsel of a good physician at the simple problem of helping her to take and keep an optimistic attitude toward her ills and toward the world in general. She read many uplifting books at my suggestion, lived a systematised religious life, and learned in our weekly interviews covering three months, how to manage her nervous capital without strain or fret. She is not as yet entirely well, but she is much

improved in every way and now knows how so to live her inner life in self-unconsciousness and in such helpfulness to others as to lift her out of the ranks of the invalid and to make her an efficient worker within her limitations. What possible objection either from the stand-point of medicine or religion there can be to such treatment of a neurasthenic, it is difficult and I think impossible for the reader to imagine. It was practically an instance of a clergyman proving a helpful counsellor as well as minister to a person who was not in a doctor's care at all and had never had before such selfless counsel; or if she had had it she had not been impressed by it.

If, however, the neurasthenic is a simple case in which the physician who diagnoses it is sure the need is one which I can supply, the case is usually treated thus: There is at the first treatment a friendly talk. Abundant time is given to it. Every fact or circumstance which can throw any light upon the patient's condition is brought out. There can be

no more reticences in the clinic than in the confessional.<sup>11</sup> Any withholding of confidences necessary to my perfect understanding of the situation of necessity closes the discussion. Two patients who recently refused to answer pertinent questions, which happened incidentally to involve considerations of character, were in all courtesy and kindness sent away.

The next step is to inspire new hope in hearts often hopeless. This I do by words based on the doctor's diagnosis. I always add, when, as is usual, I can do so with veracity, "I have seen cases as bad or worse than yours recover." A few of my patients, who are most appreciative, allow me to refer to them the new-comers who need the word of those who have the right from personal experience to speak. There is a little book called *A Letter of Hope* written by one whose faith soared above tuberculosis as well as neurasthenia, which has illustrated and confirmed my words in many a case. The battle is half won when a

neurasthenic's faith is really alive and energetic. I usually, though not always, close the first interview by having the patient sit relaxed in a Morris chair with eyes closed while I assure her that she will be well and frequently preach her a little sermon in a soothing tone about God's power to make us well. See *The Art of Natural Sleep*, pp. 54 ff., for one sermon which I have found in almost every case effective in clearing the mind of its last vestiges of distress, depression, or discouragement.

It is not at all uncommon for patients who at first protested that they were not religious to find themselves profoundly religious after their first treatment, and in my confirmation class this winter there are some who have in this first quieting treatment discovered that at the very heart of us we are all religious, even when we know it not.

One of the most impressive experiences in my whole ministry followed the second quieting treatment of a good man who in the interests of a purely superficial

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agnosticism, made a year or two a sacrifice in his worldly prospects which would now be unnecessary. He had come in great discouragement, even on his second visit. I spent an hour in the earnest effort to lift him out of his depression. Then while he was relaxed in body and quiet in mind, but perfectly awake to every word I uttered, I preached him the sincerest sermon I could preach about God's loving interest in him, and as I finished I heard him whispering to himself snatches of the Psalms which he had learned in boyhood and in which frequently occurred the words: "O rest in the Lord; wait patiently for him, and he shall give thee thy heart's desire." Then he bade me again repeat some of the prayers which I had said and in which most conspicuous were two from the Evening Prayer Service of the Episcopal Church. It is too early yet to make predictions as to his complete recovery, but I know that his sad soul has found new comfort and that he knows more surely than he did before

where to find "the shadow of a great rock in a weary land."

As the patient comes from week to week, we always have a talk together about the deeper things of life. Little problems of the home are brought to me for help in their solution. There are at least a half-dozen homes in New England that would ere this have been broken up by the unfaithfulness of husband or of wife but for the visit to my clinic of some woman or some man made neurasthenic by heartsickness. Mothers and daughters have learned how to get on better with each other. Friends estranged have become reunited as some neurasthenic grown unduly sensitive or exacting has learned in the clinic how to see straight into life's relationships. Difficulties of all sorts have been smoothed out, and it has been a joy unspeakable to see tired nerves rested as the mental strain has disappeared in all the spiritual intimacy of the clinic.

Suggestion has been used with all the earnestness of which I am capable for

the removal of some of the more stubborn of the incidental symptoms of neurasthenia. Hypnosis in its scientific sense has neither been necessary nor has it been attempted save once or twice in instances of "functional affections of the nervous system of a temporary character or sympathetic irritations of a weak affinity," in which, on the authority of Weir Mitchell, "there is a place for it."

The preparation for the direct suggestion of the disappearance of the special symptom is nothing but the relaxation of the body and the quieting of the mind. The patient is conscious throughout. He can open his eyes if he wills to do so. He is as much awake as I am and is in exactly the mental situation of the attentive listener to a sermon who in earnestness informs the preacher afterwards: "I heard every word you said," or "I could have listened all night to you." Unless all suggestion, even in casual conversation in the social circle where there is self-forgetful and all-engrossing interest in the speaker's words,

be hypnotism, then direct suggestion in my treatment of specific symptoms in neurasthenia, cannot, as Dr. Cabot says, be called hypnosis.

I have had, however, one remarkable exception, though what seemed to be a light hypnosis may have been normal sleep. On December 9th, a mother brought to me at the suggestion of an excellent physician, her seventeen-year-old daughter to be treated for a frontal headache of some three years' standing. All that the famous oculist and expert dentist could do to relieve the headache had been done in vain some months ago. The headache still persisted. A local doctor here was convinced after failing to relieve it that though it may once have had a physical basis, the headache was now purely one of the imagination. The mental habit of expecting the headache each morning had grown too strong to be broken by the physician's agencies.

A generous doctor and wise mother before she came to me saturated her mind with faith that I could at once relieve the

headache. She came into my study with the certainty that now at last she was to have relief. With her mother present, I had her seat herself in the Morris chair, told her to relax her muscles by an effort of the will and rhythmic breathing, and to grow quiet in mind. When by and by as I spoke soothing words to her she slowly closed her eyes I suggested for five minutes that the pain would disappear, that God would set her free from it; then when I changed to the conversational tone and told her to open her eyes she opened them as one who has been sleeping and exclaimed with joy, "The pain is gone!"

Two days later the pain returned but yielded once again to my suggestions and after five more treatments completely disappeared to return but once more in the six weeks which have since intervened. Whether she fell into a normal sleep or into a light hypnotic sleep in all the comfort of the Morris chair before the open fire, I do not know. The one point is that it was unto her according to her

faith and that what medicine had, after two years' trial failed to do, suggestion couched in spiritual terms had at once accomplished.

Nothing can be more important than the establishment of the habit of self re-education and self-help. As I write these words a letter comes which proves that patients, who are the best witnesses, share with me this judgment. "I am much impressed," the writer says, "with the re-education idea. The bare possibility of straightening up one's whole character is inspiring." From the first treatment till the last I work with this in view. My method is three-fold:

i. To endeavour to make the patient one with God. The prayer life is not simply commended; it is in most cases definitely prescribed. Men who have not prayed since at their mother's knee they said their "Now I lay me down to sleep" now pray as regularly as they eat and sleep. Unless the patient is already habituated to a devotional book, I suggest my own little book of *Family*

*Prayers*<sup>12</sup> because of its simplicity and also because it contains references to definite passages of Scripture, prayers chiefly from the prayer-book of the Episcopal Church for every morning and evening of the week, a lectionary for the entire Bible, and special prayers for various needs. In addition I suggest Bishop Brent's *With God in Prayer*, the famous devotional books like that of Brother Lawrence and St. Francis and the more modern books of Henry Drummond, Maltbie D. Babcock, J. R. Miller, and Anna Robertson Brown Lindsay. (See list at end of volume.)

2. I map out for each patient a definite course of reading designed to strengthen his faith at every point in psychotherapy in general as well as in the Emmanuel movement. The journal of *Psychotherapy* is<sup>13</sup> always in the reception room. *Religion and Medicine* and the other Emmanuel publications and *Good Housekeeping* and the *Ladies' Home Journal* with their Emmanuel articles are commended. The books of Dubois

and Schofield help many. The New Thought books of Horatio Dresser, Henry Wood, Ralph Waldo Trine, and George Brodie Patterson are of inestimable service in some cases, and they have fortunately just been supplemented by the latest and best book of Stanton Davis Kirkham. My own book on *The Art of Natural Sleep* contains such detailed directions for the wholesome cure of sleeplessness that now in many cases it alone suffices to relieve even stubborn cases of insomnia after one Emmanuel treatment. Dubois's *Psychic Treatment of Nervous Disorders* contains one chapter, twenty-three, on the re-establishment of the intestinal function which almost invariably, especially if read soon after the first interview, relieves chronic constipation. In two instances in which the normal functioning of the intestines was established within twenty-four hours, there had been, the patients reported, not one normal movement in many years. In at least two cases of complicated neurasthenia induced by mental causes

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the reading has made the most important contribution to the cure.

3. Auto-suggestion appears to some extremely difficult to practise, but where there is a will it never is impossible. To establish the habit of making to oneself the suggestions received in the clinic and from the reading is encouraged in every way. It is made clear to every one who comes that the most suggestible moments are those which precede sleep and follow it. In consequence I bid each patient sink to sleep and awake out of sleep with thoughts of hope and cheer and confidence. Sometimes I write out a few words for repetition not only morning and evening but also during the rest period which ought to follow in each neurasthenic case the noontime meal. In one instance the improvement was so rapid that I could not account for it until I learned that the patient had not merely repeated the suggestions at the stated times, but had also pinned the paper containing them on her work basket and whispered them to herself at frequent

intervals the whole day through while she was at her work. It would be, I think, impossible to overestimate the value of auto-suggestion intelligently and faithfully carried out.

There are perils in the work as in all work where there are nerves and hearts. Mrs. Gummidge comes, of course, for treatment and presents peculiar difficulties. My rule is invariable. If at the first interview I find any difficulty in winning Mrs. Gummidge to the plan she is to follow if she is to recover, I never let her come again. If I do have some success with her and am at last able to discharge her much improved, I no longer let her count herself as needing my assistance, though I require reports from her at seasons. Gently but firmly I decline to give my time in the clinic or out to one whose whole problem is to learn how to depend upon herself and not upon the one who teaches her self-help. Sometimes I have had to hurt her feelings, but always for her good, and even in reproof the Emmanuel worker learns

to use that smiling impersonality which takes the sting away.

Mrs. Potiphar has not as yet come my way, and I am inclined to think she never will. The attendant is always within call of the push-button under my desk. She is frequently summoned to my study, and always enters without knocking. At any sign of uncontrollable emotion in a patient, the attendant is summoned, even when the patient knows it not, and either she or some one else is always present in certain types of treatment, or where for any reason I do not feel that I altogether understand the patient's temperament or character. The wise Emmanuel worker safeguards himself exactly as the wise neurologist does and this discounts in advance some of the perils which, as Dr. Buckley in *The Century Magazine* for February points out, are inherent in the situation.

At this stage of the work in a parish where there are many interests with rightful claims upon the minister's consideration, there is always the temptation

to give more time than one intends to the neurasthenic. To confine the clinic strictly to the hours set aside for it is impossible. There are always some who must come out of hours. The very self-centredness which the disease creates makes even the most considerate patient now and then forget that there are other duties which the minister must faithfully discharge if he is to conduct the clinic at all. My telephone rings in the busiest morning. My Saturday morning, so sacred to the man who is to preach on Sunday, has been more than once invaded by a neurasthenic who thought she simply could not wait till the next Tuesday. I have been called up in the middle of the night to save a man who had not slept for sixty hours from the suicide he feared he would commit in spite of all his efforts to control himself. Three months of giving portions of two days a week to my clinic convinced me that to make due allowance for the outside calls I would better confine my clinic to one morning every week. There

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are usually two or three hours more each week which people claim who need Emmanuel treatment, but as many of them are members of my own parish and others come for spiritual help alone, I no longer count it any sacrifice and I have learned how to be ruthless in resisting all the outside pressure brought to bear on me to give more time to the good work.

The more experience I gain the more evident it becomes to me that faith has significance in lifting many neurasthenics out of their ill plight and until all the doctors give it room like Dr. Cabot, or else heed the words of Dr. Mitchell, that it is the doctor's duty to seek in some cases "the aid of the clergyman," there is sure to be for the few ministers who have the proper preparation, temperament, and character a widening field of usefulness both in helping neurasthenics under a doctor's directions to get well and in teaching them to keep well by the application of sound principles of the inner life on which good health for body, mind, and soul alike depend.

## CHAPTER V

### THE QUEER ONE IN THE HOUSE

If neurasthenia is a word of recent origin, psychasthenia is of yet more recent coinage. Dictionaries ten years old do not contain the word, and young doctors still struggling to build up a practice never heard it once while they were studying for their degree.

Scientific definition of the word would be beside the mark in such a book as this. It is enough here to note that while psychasthenia, like neurasthenia, can be roughly called a form of nervous weakness, its symptoms are conspicuously mental. Janet has made it clear that "psychasthenia is really the mental state accompanying obsessions and fixed ideas," and Dr. Coriat has described psychasthenia with some picturesqueness in the

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sentence: "It is a disease of the mental level, and when the mental level sinks below a certain point we have the phenomena of psychasthenia."<sup>15</sup>

The symptoms are in general more distressing than the symptoms of neurasthenia. They include many forms of mental agitation and mental abnormality. Weakness of the will, a sense of unreality, exaggerated conscientiousness, specific or pervasive fear, crises of acute anxiety, mental torture without cause assignable, and fixed ideas sometimes so persistent and absurd as to place the sufferer upon that watershed between saneness and insanity where dwell habitually the irresponsible and half-insane.

Almost every type of psychasthenia has come knocking at my clinic door these twelve months past. So many of them have been people in positions of importance in one part of the country or another that I have sometimes wondered whether it be not true that "all the world 's a little queer."

Among the representative cases were two women subject to attacks of uncontrollable weeping not strictly hysterical in character, the doctors thought. One man with a weak will wanted help in coming to a decision as to which of several women who loved him he wished to marry. A woman wanted help in getting rid of the idea of years' standing that the husband of another woman loved her though it was evident to every one that the man had never given her the slightest reason for her strange obsession. A woman who had barely escaped from a burning house only to have the place to which she fled struck by lightning has been haunted since by a strange sense of unreality which has made her, like Nicholas Tchaykovsky in the Trubetzkoi Bastion, confuse her own phantoms and abstractions with real things and has caused her to lose confidence in her ordinary mental processes.

One woman, over-consciousious, would trust no member of her family but herself to fasten up the house at night;

while another, so morbidly conscientious that she brooded all the time over imaginary sins, replied to my earnest exhortation to let God run His universe without her help, "I can't." One man had suffered for so many years from an ungrounded fear that he could not take even a trolley ride alone, and another had the fixed idea that he must turn the door knob many times before he crossed a threshold. A fine woman, primarily neurasthenic, was haunted for months by the visual image of the devil in one of John Kendrick Bangs's stories which she had not read in many years. Obsessions of almost every sort have been brought to me, and though sometimes both alienists and neurologists have reported that the case was one of psychastenia and not actual insanity, it has seldom been possible for me, busy as I am, to give the time required for effective treatment.

All told, of the four hundred people who have consulted me, twenty-five have received systematic treatment for some

form of psychasthenia. Three of these are now to all appearances well again, seven are much improved, four are slightly improved, and four are not improved at all. In four other cases the result is unknown, two that were once a little better are now worse again, one case had to be abandoned in the middle of the treatment, and four are still receiving treatment.

Of the seven cases much improved, two deserve more than a mere word:

The first has been in some detail described on page 49. I recall it now to emphasise its unique character and the unusual results. Every neurologist knows a well established monophobia is difficult to banish from the patient's mind. This man was stricken without warning in the summer of 1904 with a fear to go anywhere without his wife. For four years he took her with him even on his business rounds. As one specialist after another failed to give him substantial relief, he grew more and more discouraged. He was peculiarly

fortunate in the general practitioner who had charge of his case from January, 1908, to June, and yet his fear persisted. When he came to me, June 16th, he was utterly dejected and wept steadily through the first two interviews. After that, the progress back to health was never seriously interrupted. By September he was working as hard as in his days of perfect health, and seldom took his wife with him on any of his trips. On November 29th, he wrote: "Something is making me well very fast now; for I surely am on the gain. I can see it myself." I have not seen him now in many weeks but his New Year's greeting was the word of a well man.

The second case is one of even longer standing. It is that of a woman thirty years of age. At first the case as diagnosed appeared to be simple neurasthenia. After two interviews I discovered that the mental symptoms were more manifest than the physical ailments and dated farther back. The fixed idea that no one really cared for her had made

her miserable in mind and then in body. The disappearance, after a few weeks, of the psychasthenia was followed by the abatement of the neurasthenia and now she lives a normal mental life, and though still far from strong she has the peace of mind which is the pledge, as her good doctor has assured me, that she will have better health of body too in the future.

The treatment of the psychasthenic follows the same lines as the treatment of the neurasthenic with a redistribution of the emphasis in certain instances. There is undoubtedly a place for hypnotism in this class of cases. Personalities divided and dissociated can be pieced together as Dr. Morton Prince has proved in the extraordinary instance of Miss Beauchamp. Obsessions long established can be dislodged through deep hypnosis. This is not now an open question as one may easily convince himself who will read with a truly scientific spirit such books as Bramwell's, Lloyd Tuckey's, Forel's, and Binet's; or who will, like

the Rev. Chauncey J. Hawkins, pay a visit to the mental clinics in London, Paris, Berne, Zürich, Stockholm, and St. Petersburg. The exact value of hypnosis, though still somewhat indeterminate, in psychasthenia is a fact as undeniable as aéronautics or wireless telegraphy.

Its systematic and intelligent application to specific cases of psychasthenia requires more time and more favourable conditions than I have been able to secure in my Tuesday clinic, and therefore I have been content to make use of the simpler quieting treatment with which such results as I am able to report have been secured. In the case of two men I have, in special appointments, endeavoured to make use of hypnotism but without appreciable success. Neither seemed to be a fit subject for hypnosis. Neither went below the stage of ordinary quiet. That the fault was not entirely mine I demonstrated by calling in a trained psychologist, who has had many years of practical experience in

hypnotising people for scientific purposes, but who was unable to induce hypnosis in either instance. I was sorry in one instance because the patient's family doctor earnestly advised hypnosis, and in the other because the patient is himself a trained psychologist, head of a large department in a well-known college at some distance from Northhampton, and confident that he could be delivered from his troublesome obsessions by profound hypnosis.

My method of procedure is simplicity itself. I use no scientific terminology in dealing with the ordinary case. My psychasthenics are in all of my relationship with them merely "queer." Almost every home has its queer one. The mere mention of the fact brings a cloud to many a brow and puts an ache into many a heart. When the queer one comes to me I try to find out first of all whether she—for like the neurasthenic she is oftener a woman than a man—is a genuine psychasthenic or a pseudo one.

Some queer ones affect queerness. They get from it an inner satisfaction which they get from nothing else. Queerness, they imagine, lends them a distinction normal people never have. They do not see their queerness as it really is,—abnormal egotism, intolerable conceit, vulgar vanity. When I am convinced the queer one affects queerness, I make short shrift of her. I bring her up before "the God of things as they are." I make the real fact, always evident to every one but her, entirely clear to her. I see that she soars close enough to the warm sun of truth to melt her wings of wax. I tell her frankly that she is a social parasite absorbing the vitality of those around her and giving nothing in return. Sometimes the truth told thus, but told without a sign of bitterness, suffices to redeem her from her queerness. Sometimes like the rich young man she goes away sorrowful. Once or twice she has gone off in anger to pay me the compliment of ceasing to believe in the Emmanuel movement.

But the genuine psychasthenic has no such experience. After I have won her confidence I begin to make her see herself as others see her, even though they may not understand her. I try to help her to realise all the unhappy implications of her egoism. I am sometimes able to convince her that what those nearest her are constantly suggesting, that she is unnecessarily sensitive, is true. I have more than once helped her to resolve to follow the example of the good woman who remarked: "I am strictly honest. I never pick up things which do not belong to me; not even slights." I make the strengthening of the will by auto-suggestion and by constant exercise the strategic point in her co-operation with me, and I assure her that the will to be well is the unfailing harbinger of the emancipation from all queerness.

Sometimes in the early stages of the treatment she reacts from it. The more I reach out for her with anything but comfort or approval, the farther she

withdraws into her inner shrine of morbidity or self-depreciation. I argue with her, and she weeps. I reprove her, and Gibraltar is a thing of wax beside her stubbornness. I act for her good, in two instances, without her knowledge or against her weakened will, and I barely escape the loss of her regard and confidence. But risks must be taken where large issues are involved, and the soundness of the mind or salvation of the character is the stake for which one plays who tries to help the queer one in the house, and after a whole year's experience I take no case of psychasthenia without exacting for myself in advance the utmost freedom of volition and of action in the patient's interest.

The queer one is invariably certain that no case can be so pathetic and so pitiable as hers. And there is in consequence great need at times of sympathy and reassurance given with intelligent discrimination. Not merely do I cite impersonally cases as bad or worse than hers that have come to me; I now and

then turn literature's illuminating page to her great comfort. I give her the proof positive that queerness is often the distinctive mark of genius. I like to quote Saleeby that it is the queer people who do "the pioneer work of the world." I remind her that Hamlet knew "a hawk from a handsaw" even though he was mad "north-north-west," and that Ibsen's obsessed, melancholic, and hysterical creations are, as a Smith College professor has made clear, symbols of a wealth of thought and feeling that give the author some claim to the title of the Norwegian Shakespeare.

More than one queer one in my clinic has taken heart again in her discouragement as she has been reminded that Socrates spoke with no less authority because in every casual sneeze he heard the voice of God; that Pascal, haunted all those years by the visual image of a precipice which seemed ever to be opening up beside him, left for the lasting consolation of the spiritually minded his *Pensées*; that though Auguste Comte

was undoubtedly a semi-lunatic yet John Stuart Mill and Frederick Harrison were proud to sit at his feet; that Cromwell had a psychasthenic vision of a woman of gigantic stature standing by his bedside and informing him that he would be one day the greatest man in England; and that Lincoln had strange visions and went to his assassination with a sense of some impending doom.

Sometimes I admit for the discussion's sake that queerness may be no more than eccentricity unrelieved by genius, and that even if, like Schiller, the queer one cannot meditate except she keep decaying apples in her bureau drawer, it does not follow of necessity that her queerness will be relieved of its absurdity by the production of a *Wallenstein*; that even if, like Fechner, she suffers from insomnia, that gives her no clear title to a place beside St. Francis and Tauler; that even if like Beethoven she has a morbid preference to wash her face in ice water, that does not prove that her name will go stealing

down the ages to the mellifluous measures of a Seventh Symphony. But I at the same time remind her that there is a law of compensation even in her case, and that she may take comfort if she will in Emerson's *Fable of the Mountain and the Squirrel*. With scarcely an exception I have won the psychasthenic to this wholesome point of view.

But this is merely the beginning of the treatment. The little sermon preached in her listening ear at frequent intervals while her muscles are relaxed and her eyes closed serves a purpose to no one more evident than to the patient herself.<sup>16</sup> The constant understanding and the unfailing uplift and encouragement all have some significance. Everything that can be said to her or done for her in the clinic is of significance. But even then the good work is at most half done.

There must be help for her outside the clinic too. Her situation in the little world in which she lives is sad beyond description. There is often no-

thing in her character to lend dignity to her queerness, nothing in her home to repay her for it. And as for the larger world outside the home, it usually declines to have concern at all about the case. Society in general shuns her, lies to her, gets on with her at the expense of everything save selfish ease, puts the brand of queerness on her, and sometimes shuts her up in an asylum when a clearer understanding of her case would make it possible to get on with her at home.

To those who by reason of kinship or friendship acknowledge their share, and it is often great, of the responsibility, I usually make the following suggestions:

i. Help me to find some occupation for your queer one which will be congenial and yet not overtax her. The arts and crafts have been a boon to many. The study of ceramics, the making of picture puzzles for the great department stores, the systematic reading when the eyes will stand the strain of some prolific author like Dickens or

Balzac, the employment in an office where the business hours are brief or in a library where there is not too close contact with persons, all have ministered in one way or another to the mental wholesomeness of queer ones. In several instances light employment in the home, gradually increased and diversified, has proved the one thing needful. Help me to open up the avenues of human service which will lead her to wholesomeness at last.

2. Avoid all subjectivity in dealing with the queer one in your house. Be not blinded by affection to the duty which you owe to the normal as well as the abnormal. Others in the home have rights as well as the queer one. If it is cruel to be inconsiderate or unsympathetic with your queer one, it is no less cruel, criminally cruel, to sacrifice the interests of your children for her sake. Gentle insistence on the children's rights will often bring the queer one to her senses where the slightest intimation of the rights of adults will

but set her the more firmly in her queerness. She must be very queer indeed who will not be convinced that to turn the dining-room or nursery into a symposium for the exploitation of personal grievances or for the discussion of untoward happenings is to invite the searching challenge of the God of things as they ought to be:

“Who has drugged my boy’s cup?  
Who has mixed my boy’s bread?  
Who, with sadness and madness  
Has turned the man-child’s head?”

3. Skilfully direct, without the queer one’s knowledge and without nagging at her, the irresistible stream of public opinion upon her queerness. Enlist the interest, if possible, of the entire family. There is a way to do this without disloyalty to her.

Get your family doctor’s help. No one in ordinary circumstances is likely to be so influential as he in inducing her to keep physically well by getting all the sleep she needs, by eating whether she

has appetite or not, by deep breathing of fresh air, by taking outdoor exercise, and, when necessary, medicine for the correction of certain local disturbances likely to occur from time to time with psychasthenics.

Admit into your confidence some patient, buoyant, cheerful friend outside the home, who will understand without a special word of explanation on your part, help you over the hard places now and then, and relieve you of the strain of constant comradeship with queerness.

Sometimes the family, the doctor, and the trusty friend will combine with you in making the appeal so often powerful with children,—that queerness and the worry which it brings, will mar whatever personal attractiveness the queer one may possess. When the queer one finds, as Darwin pointed out, that queerness writes itself upon the face in ugly lines and poor complexions and scatters silver threads too soon among the gold, she will be more likely to take notice and on

the sly to give you some assistance in the elimination of her queerness.

4. Be very patient, but be also very sparing with your sympathy. Sometimes for her good, even though she thinks you hard and cold, withhold it altogether. Even superficial hardness has its place at times. Save her from self-pity. The results of that are worse than those of queerness. Illustrate in your own character the gladness, serenity, and wholesomeness which you would see in her.

5. Do the best you can for your queer one, but never grieve at the results. Not all the queer ones can be cured of queerness. I have three times failed when I expected most. There is much truth in Dr. Upson's word that "the psychoses are a stone wall against which the waves of psychotherapy beat in vain." There are in many cases mental inheritances, moral tendencies, dental lesions, eye-strain, or orthopædic irregularities which escape the sharpest diagnosis. The most that can be done

in certain instances is to wear off their sharpest corners, subdue them to the larger adaptations of the home, inveigle them into the rendering of service which keeps them out of mischief, gives them a new appreciation of their value to the home, and makes them easier to live with. Even that, little as it seems to be, is worth the utmost price you pay for it.

The friends of Pascal used to wonder why, saint as he was, he continued till the end morbid, languid, and valetudinarian. Their wonder ceased, however, when at the autopsy it was found that "within the skull, beside the ventricles of the brain, there were two impressions like the mark of a finger in wax," which are never found in any normal brain.

Do your best for your queer one, and leave the rest to God. For "it is he that hath made us, and not we ourselves."

## CHAPTER VI

### THE CURE OF THE ALCOHOLIC

**A**LCOHOL is on the rack of criticism. The days of the saloon, at least, are numbered. The handwriting is on the wall, and to no one is it more evident than to the well-informed rum-seller. Arguments and facts are now smothering all opposition. The American people are at last concluding that, all things considered, the saloon is not worth while.

The popular indictment against the saloon includes such points as these: It lures young men to form the drink habit who else would never drink at all. It prevents the middle-aged and aged from breaking off the habit who could effectually resist temptation but for the ubiquitous saloon. It poisons politics and prevents the proper government of

cities both by furnishing the petty politicians a convenient meeting point and by placing many of them under such personal obligation to the license-holder that violations of the law are overlooked and the right to sell liquor granted where for the best interests of the community it ought invariably to be refused.

Even moderate drinking is losing its respectability. It seems a far cry back to Goldsmith singing in *She Stoops to Conquer*,

“Good liquor, I stoutly maintain,  
Gives *genus* a better discerning,”

and to our pioneers on the frontier stimulating with whiskey the appetite grown weary before the system had received its complement of nourishment from corn bread and pork. But it seems almost as far a cry to Stevenson in his *Travels with a Donkey* remarking: “I had emptied out my brandy at Florac, for I could bear the stuff no longer, and replaced it with some generous and scented Volnay; and now I drank to

the moon's sacred majesty upon the road."

The investigations of Metchnikoff, Kraepelin, Furer, Rüdin, Kürz, Aschaffenburg, Siemerling, and others seem to justify the claims of Saleeby<sup>17</sup> and W. H. Smith, writing in *McClure's Magazine*,<sup>18</sup> that alcohol taken habitually even in small quantities threatens the physical structure of the stomach, the liver, the kidneys, the heart, the blood-vessels, the nerves, and the brain; decreases the capacity for work of every sort, dulls the edge of mind and morals, lowers the level of health and shortens the length of life, and instead of being social in its effect tends in the long run to promote the anti-social propensities of the race.

As though the tale of alcohol's iniquities were not full, science seems to be approaching the conclusion that the claim of a few years ago that alcohol sometimes serves the purpose of a food can no longer be maintained. It is now evident that alcohol fails to meet the

one essential test which food-chemistry grown expert now applies,—of making new tissue. A ridiculously small quantity of alcohol under ideal conditions may be oxidised; but as these conditions are never complied with, says Saleeby, alcohol is for all practical purposes no more of a food than opium, which has had no one to sing its praises since the days of Coleridge. Far from being a stimulant, alcohol is usually a sedative when it is not a depressant, and not only predisposes those who use it much to pneumonia and tuberculosis, but also is no longer indicated in fevers where ten years ago it was frequently prescribed.

These and kindred facts I often bring to the attention of those who come to me for help in the drink habit. But more than knowledge is, alas, required in dealing with the alcoholic subject. In spite of Socrates's judgment, men will not do right because they know the right. Where there is an inherited tendency to drink or the habit is established, one glass can render those

who drink immune to argument. One glass is enough to fire the blood of the habitual drinker, as one taste of blood suffices to turn the tiger from a cub into a full-grown beast in appetite.

Treatment of the alcoholic to be effective must discriminate between the ordinary drinker and the dipsomaniac. The steady drinker usually takes his glass because he likes both its taste and its effect. The dipsomaniac often has no liking for the taste but only for the effects immediately pleasing. The steady drinker frequently has no desire to stop. The dipsomaniac often wants most of all, between his sprees, to stop.

With the ordinary drinker the problem is to create a heavenly discontent with drink and all that it entails. With the dipsomaniac the problem is to get him through the period, often brief, of temptation which recurs at frequent or infrequent intervals. In one instance of a dipsomaniac who had gone for months without touching a drop I was able to accomplish the difficult feat of inducing

him to submit to a treatment on the first day of his relapse and after he had had but a glass or two. He went thereafter for a week without another glass, and could, I am sure, have been saved altogether from his spree but for the circumstance that being preoccupied with the details of an extremely busy season in a parish in which I have no assistant, I was unable in spite of all my planning to give him a treatment every day, and so he fell a second time at the week's end and could not regain his self-control for four long days.

In the case of both the steady drinker and the dipsomaniac, the definite treatment is usually but a small portion of the treatment necessary to effect a cure. With the saloon around the corner, a continuous allurement and incitement to his appetite, to definite treatment must be added the co-operation of the family, the friends, the church. The minister with sermons to prepare and a parish to run can not give the enormous time which almost every case requires for com-

plete cure; and unfortunately it is seldom possible for him to find a layman able or willing to make the large sacrifice needed of seeing the unhappy patient for at least a little while each day, of cultivating a close friendship with him no matter what the patient's faults or lapses may be, of standing by him when all others fail, and of believing in him even when he loses temporarily his self-respect. Nor have all efforts and expenditures of money yet sufficed to find a rival to the saloon with attractions ample to become what the saloon now is on every side, the poor man's club.

The Emmanuel worker's efforts must, therefore, be invariably supplemented in the treatment of both types of cases; but the need is perhaps greater in the treatment of the dipsomaniac. For no matter how long his abstinence from drink, the day at last arrives when the desire for drink again becomes insatiate. The story is in almost every case the same. The dipsomaniac fights manfully against the first consciousness of the

returning appetite. He tries to stem the tide he feels sweeping him away. If at this stage he can be shut up, for which there is no provision in our legal system, or can be induced to turn to his Emmanuel friend, which for some strange reason usually appears impossible, he can undoubtedly be helped. But the one decision which he ordinarily makes is to take one glass, and then go home.

A bartender with a kindly disposition hesitated ere he gave a certain dipsomaniac, who had for months abstained, a drink, and beseechingly inquired: "Are you going on a spree again?" Then unwisely he accepted the unhappy victim's assurance that one glass was all he wanted, and the deed was done. For days the dipsomaniac had what he called "a beautiful time." Life was for him aglow with interest and happiness. He was the good fellow with every one who came his way. He took no thought for the morrow of agony, remorse, and self-reproach. But the morrow came. The desire to drink disappeared as

strangely and as rapidly as it had come, and there was the reckoning a few days later with a conscience still cultivated and refined, in spite of the unhappy experience.

Says Reverend Chauncey J. Hawkins in one of the best treatments of the *Cure of the Drunkard* ever written: <sup>19</sup>

We may call the conduct of an ordinary drunkard a sin, but the action of this dipsomaniac is the result of a disease,—a disease of the will which renders him incapable of overcoming the desire to drink. We call him a victim of habit. This means that his constant indulgence in a habit leads inevitably to its accomplishment when the first of a train of events ordinarily preceding it occurs. A feeling of mental inertia, of sinking in the stomach, or of dryness of the mouth has so often led him to drink that we can predict his line of conduct when opportunity for indulgence is offered, as truly as we can predict the physical and mental conditions that are to follow as the result of the germs of typhoid. His freedom of will has been destroyed, and his conduct, which follows certain stimuli, is the inevitable result of certain causes.

What is to be done to help the drunkard

whatever be his type? The Keeley cure is frequently a disappointment. While men like Jerry McCauley and the Salvation Army leaders have done something, the emotional motive which they use does not avail in every case. The conventional minister and the ordinary doctor in this country are doing practically nothing, and tacitly confess to helplessness before the problem.

In Europe, however, the situation is far different. Serious attacks have there been made by scientific medicine upon the problem. The principle of suggestion has been used with some success, and there is scarcely a large centre in Europe where to-day physicians of high standing are not making some headway in the suggestive treatment of the drunkard.<sup>20</sup>

Charcot, there is some reason to believe, had after twenty years' experience about four hundred cases of cures of alcoholism out of six hundred treated. Forel, as long ago as 1888, at the Congress of Neurologists held in Zürich, reported much success in the same field, and in the

latest edition of his monumental work on *Hypnotism and Psychotherapy* he cites the case of a man seventy years of age who was completely cured of an apparently hopeless case of alcoholism accompanied by bad character in general. Tokarsky of Moscow, in 1901 in Paris, stated that of the seven hundred persons he had treated eighty per cent. were cured and Wiamsky of Saratow in 1904 presented about the same percentage of cures out of 319 cases treated. Orlitzky of Moscow has a record of fifty per cent. in six hundred cases, and Tuckey lays it down as a general proposition that about the same results may usually be expected.<sup>21</sup>

Bramwell of London had treated when his book appeared seventy-six cases of which twenty-eight recovered, thirty-six improved, and in twelve cases no results whatever were obtained. The average number of treatments was twenty, and in dipsomania his habit has been to begin treatment at the commencement of a period of quiescence and to endeavour to

prevent the next attack or at least to weaken or retard it.<sup>22</sup>

In my efforts to help alcoholics by suggestion re-enforced by faith, I am conditioned by the lack of time and the inability in a life as busy as mine is to control conditions. But I have had this year past enough experience to warrant me in wishing that I could command more time and larger opportunity. About a dozen cases of alcoholism have in one way or another this year past come under my consideration. To five I have given treatment as systematic as was in the circumstances possible. Three of the five were dipsomaniacs and two were steady drinkers. One of the dipsomaniacs has now gone for three months without a drop, though a week—or at most a fortnight—had been before the usual limit. In another case the attacks have been cut down from several a year to two. In the third instance, after forty years in which the habit was to go every week or two upon a spree, the victim never drank for four long months, and

could, I am quite sure, be altogether cured if I could see him twice a week for a whole year. One steady drinker who was going from bad to worse has not been intoxicated in almost a year. Another who drank every day and has recently begun his treatment has not touched a glass in weeks. These are offered only as reports of progress. But they represent, at any rate, a conscientious effort to deal systematically and scientifically with a problem before which like other ministers I stood inept, though not uninterested, until a year ago.

My method is the same in all essentials in both types of cases. I use suggestion re-enforced by faith and mingle them throughout the entire course of treatment. There is frank talking at the outset on both sides. I take no one for treatment who does not convince me that he actually wishes to stop drink. More than this, I take no one for treatment except I am convinced that he yearns not merely for escape from the slavery of alcohol but also hungers and thirsts

after righteousness in general. One man I declined to treat at all because he wanted to be saved from drink and yet continue his old life in other respects. Another man I found on the first visit that I could not keep because he was more intent on airing his grievances against certain members of his family than in giving up the habit which gave his family the right perhaps to entertain a grievance against him.

When a man comes to me for treatment I first of all have a physician pass upon his physical condition and give him treatment, if he needs it, for those ills which drink at last engenders. I exact from him a pledge, which I sometimes in the presence of witnesses require him to sign, that he will never again touch liquor without my permission. I have with every alcoholic and his wife an agreement that, if either has any reason to believe the temptation to drink is setting in, I am at once to be informed by telephone at any time of day or night. I require of every patient co-

operation with me at every point in the upbuilding of the spiritual life. He is to go to church twice a Sunday,—to his own church if he has one. He is to live a devotional life such as I have prescribed on page 75 ff. He is to substitute church interests and, when possible, the Young Men's Christian Association for the associations which have hitherto been dragging him down. The one thing—let me repeat—which it seems impossible to secure is the effective aid of Christian men who will not merely see the man once or twice and then forget him, but two or three times a week for a year or two and be a true friend to him.

While there is a sense in which alcoholism is a disease, I do not emphasise this fact in the treatment of the alcoholic. I try to build up in him the sense of his responsibility to God and man. I tell him frankly that drink is a sin, and I describe the character of sin in general. I tell him that sin is not merely social but also individual. I direct him to his dead yesterdays lying stiff and stark on

the shore of the irreparable past. I tell him that his special sin both robs him of the power to do the duty of the day and to go out into the future with a morning heart for any fate and a ready hand for any work. I press his sin home to him with such earnestness that sometimes he is in the mood to cry:

“ My conscience hath a thousand tongues,  
And every tongue brings in a several tale,  
And every tale condemns me for a villain.”<sup>23</sup>

When his sinfulness is so clear to him that, as in one instance, he bids me stop and says, “ I can not stand such words, I know they are too true, I know that I am ruining my own life and the lives of those I love,” then I offer words of cheer and consolation. I tell, as earnestly as I have told him of his sin, the story of God’s love for man and man’s inability to blot out the love of God. I never knew the full meaning of the parable of the Prodigal Son till I read it to a drunkard and saw his face light up with new hope and heard him

say, "I can do all things through Him who loved me."

In the psychological moment, when the heart is melted and the faith in God is once more at the full, I have the patient—for I never forget that he is a patient—seat himself in the Morris chair, relax his muscles, breathe regularly, and gaze fixedly at some object just before him or at my finger tips. What follows is thus described by Ray Stannard Baker, who with the patient's permission was present at a treatment and described for the *American Magazine*<sup>24</sup> exactly what he saw with that painstaking veracity which has made him probably the most credible reporter alive of the social and religious phenomena of the world:

"You are going to sleep," said Mr. Powell, "you are sinking deeper into sleep. No noises will disturb you. You will drop off into sleep. You are asleep."

These words, repeated numerous times, soon produced a deep sleep on the part of Mr. X. I could hear his steady, slow breathing. Then Mr. Powell began giving suggestions in a low monotone.

"I told you before that you were not to drink any more. I told you that you could not yield again to the drink habit. You cannot drink any more. You will go on now into the perfection of freedom. Your whole physical nature will revolt at the thought of alcohol. If you should take to drink again it would blast your life and leave your wife and children without support; it would cost you your position. You are too good a man to drink; you are too fine a character to be ruined by drink. In God's name I command you therefore not to drink any more. You cannot drink any more. You will use every means to keep from drink; you will not be able to drink any more."

These suggestions were repeated in different forms many times, the treatment lasting perhaps ten or fifteen minutes. The patient was then aroused.

This is of course a lower stage of suggestibility than the one I habitually induce in ordinary cases in my clinic. It would seem to be a light hypnosis, concerning which there is to-day even among educated people more misapprehension perhaps than concerning any other subject in psychology. The Rev-

erend Chauncey J. Hawkins's words about it are so free from technicalities that I quote him once again:

The mind in the waking state has been compared by Tarchanoff to a room into which rays of light are entering from all sides. The result is a general illumination, without prominence being given to any one ray. If the room is darkened and through a small opening a single ray is allowed to pass, it shines with exaggerated force and brilliancy. The mind in its normal state is like the room receiving rays from every direction. It is busy receiving, weighing, and registering all ideas and sensations which come to it from many sources. If, however, the mind is made calm, passive, vacant, and then one idea is permitted to enter it, it comes with greater force and brilliancy. It not only works its way into consciousness, but comes to dominate consciousness. There is in this state no weighing of evidence, no balancing of one idea against another, the result being that the idea which enters the mind becomes an uncontrollable and irresistible impulse. Tell a drunkard in his normal state that he will be able to overcome the desire to drink, and all his past experiences will rise in his mind to combat your suggestion and render it of no value. Tell the same man in a

state where he is especially susceptible to suggestion that whiskey is a strong emetic, and, though it may be his favourite glass, he will instantly reject it with disgust.<sup>25</sup>

The objections to hypnotism are usually the objections of those who confuse the first stage with the last. There is as much difference between the lighter sleep of hypnosis and the third stage, somnambulism, with all its possibilities so vulgarly exploited on the stage and public platform, as there is between the drowsiness that precedes sleep and the somnambulism which now and then appears in the profound sleep of normal persons.

The one condition of inducing this lighter stage is the subject's willingness. No one can be hypnotised without his consent. No suggestions but the ones for which the patient yields himself am I able to make without awaking him. Far from weakening the will, suggestion strengthens it; and far from divorcing suggestion from religion, I find that only when I impart the suggestions with a

religious background or in religious terms do I feel the requisite self-confidence in the treatment of the patient, or does the treatment prove effective.

In two instances there has been built up not merely moral but also physical aversion to drink. One man to whom the doctor gave a tonic to strengthen the mental treatment the alcoholic was receiving at my hands was unable to take the second dose of medicine because the first nauseated him. He was sure there was alcohol in it and that it was the alcohol his palate refused to accept. On inquiry of the doctor I learned that the medicine was in a tincture of alcohol, and since I had in the treatment of the man repeatedly informed him that even to taste liquor again would nauseate him I had the explanation of his inability to take the second dose of medicine.

Another man discovered soon after he began the treatment that it made him feel ill even to smell liquor, and on one occasion when in the middle of a banquet he tasted his Roman punch in order

not to seem exceptional he was unable to enjoy the last half of the feast.

From my limited experience with cases I am not inclined to draw the inference that every minister should start a clinic for the cure of drunkards, but I am convinced that here is a new possibility of helping the inebriate which the Church has never used before. Perhaps not much can be made of this possibility till the Church has devised some machinery, which she has not now, for the effective co-operation of laymen with the minister in the reclamation of the drunkard. In few cases, at least of dipsomania, can a weekly visit to the minister, no matter what the treatment be, probably offset the continuous allurement of the saloon, for which no substitute has yet been found.

It may be that in this country as in Europe the work will one day fall into the hands of trained physicians. There are certain reasons why they ought to do it. But even then they will either be obliged, like some European doctors, to

re-enforce suggestion by faith, or if they cannot make appeal to what Dr. Cabot calls "the core of a man" by appealing to his faith in God, they will evidently have to have the preacher's help.

In a few instances, where there is special training, it may be possible for the minister to conduct the alcoholic clinic with the incidental help of the physician. In more instances it would seem advisable to make an actual combination with the doctor, to have him present at each clinic, and to combine all the resources of religion and medicine in the relief of what is in a large percentage of cases nothing but a moral ill. Whatever plan is followed, it would seem to be a calamity, which the Church need not add to her many other lost opportunities, to allow the cure and care of the drunkard to fall entirely into the hands of science, which admittedly needs all the help that faith in God can give in dealing with an ill so largely spiritual as the excessive use of alcohol.

## CHAPTER VII

### THE MISCELLANEOUS CASES

OF the four hundred, approximately, who have this year brought to me their troubles of the soul or mind or body, less than one eighth, if the doctors' diagnoses can be trusted, have been suffering from ills primarily and essentially physical either in their origin, their symptoms, or their effects. Seven eighths have been in stress of soul or strain of mind with the consequent reaction in some cases on the body. But even of the seven eighths it has been possible for me to give systematic treatment to but twenty-one, though evidences are multiplying of the apparent good results in many instances of the single clarifying interview which I had with them.

Three typical cases, which have not had

systematic treatment and would not have come to me at all but for the clinic, will illustrate the character of the troubles which have outbulked all others:

i. A woman in a distant city, occupying a position of unusual responsibility, has recently been finding herself, as she passes into the forties, losing momentum in her inner life. An expert in her work of managing many people, all of them of scientific training, the zest seems for her now to be passing out of life. She does her work so easily and so quickly that it no longer taxes mind or body and makes no more the demands upon her deeper life which it once made. She fears that she is reaching that

“last stage of all—  
When we are frozen up within, and quite  
The phantom of ourselves.”

I advised a year of travel, and was at once informed that it would be impossible for her to leave her work at all in the near future. Then I furnished her with some power-giving books, and

bade her go into the silence for a little while three times a day, and with muscles relaxed and mind quiet "to let the spiritual, unbidden and unconscious, grow up through the common." I am not sure that this will altogether solve a problem peculiarly difficult to solve, but I am sure it is the best advice in the emergency to give.

Here is her case described in a letter which she wrote me after she had read the books. I quote in some detail because I know nowhere a more convincing statement of a mental condition common among the strong-minded and clear-headed as they pass out of the enthusiasm of youth:

What I got out of the reading was an ever increasing conviction that the thing I am seeking is a logical and legitimate application of the principles therein explained. Why must there be definite illness before it seems worth while to stir up the sub-conscious to action? Why is it not a worthy application of your principle to stimulate a sound mind to its fullest activity as well as to remove constipation or headache from a weakened physique? Is

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not a large part of the church's work to help those who are already looking up that they may see higher, or is it only to lift up those who are down?

To be specific and not unduly lengthen my story, I am in my forties. I am a worker and have always been one. For a good many years I have worked in one groove until it is worn so deeply that it is difficult for me to get my head above the ruts and see the broader vision that I am sure lies all about me. I may not drop my detail at present, but there is no further growth for me in that direct line, and grow I must. I am not willing to stop yet. Now, unless I have less than the normal amount of mentality I must have in me somewhere a lot of facts and things that ought to be put to service for some one else, and that I am sure I have constant opportunity for giving out. But here I fail. Now either I must learn to do this and grow with the growth of my position or I must surrender it altogether to some one else. That some one has not yet appeared on the horizon, besides which I feel very strongly that I want to make one more try at it before admitting that I am beaten and must remain for the rest of my mortal life at this point of development.

2. A woman of rare refinement and

high ideals had found for some years past that she was losing her grip upon herself in the management of her pupils in a fashionable school for girls. She had tried in vain to regain it. She came to me in sheer despair, and later wrote me thus about the effect upon her of the interview:

Before my talk with you I was conscious of having a scattered and indefinite something which I tried to use to secure a certain peace of mind. But it was so confused and unformed that while its help was felt, it seemed to last so short a time. To you I owe the definite line of thought, and the power which can always bring to the disturbed mind that perfect rest and peace, and the assurance that all is well.

3. A good man, not given to habitual church attendance, or to conventional expressions of religion, came to me a few days before the Presidential election with the heart-breaking news that he expected in a day or two, unless something unforeseen occurred, to fail in business, and must have spiritual help to meet the great disaster. It was a case

in which the cheerful heart and peaceful mind had in some way to be given him. Professional ministrations, whether of prayer or Bible reading, were not indicated in the circumstances. Even to suggest them would have been to put up a bar between us at a moment when to be of any service to him everything professional and perfunctory had to be at once eliminated. I talked to him as man to man, gave him a quieting treatment, in which faith was mingled with suggestion, and sent him away with a heart for any fate. As the peace he coveted stole into his heart he wrote, though to write verse was the last thing one expects of a hard-headed business man, the following lines and sent them to me:

“I pray that I may have a grateful heart  
For all the blessings that are sent to me;  
That Thou wilt always fill my soul with praise,  
And that my heart from envy may be free.

What if my neighbour has a greater share  
Of this world’s riches or of earthly fame,  
I only ask for a contented heart,  
That I may daily praise Thy holy name.”

Fortunately after the election his business improved and there is now in every way a brighter prospect for him.<sup>26</sup>

The miscellaneous cases which have had systematic treatment have been cases which for one reason or another could scarcely be included under the general heading of either neurasthenia or psychasthenia.

Morphinism and cocaineism I have, except once, declined to treat at all, because I am convinced after a study of both the European and American literature that practical incarceration in a sanitarium where the patient can be under constant surveillance day and night is essential to a cure. The craving for both morphia and cocaine is so insatiate that once it comes upon a man he will often lie or steal, in spite of his best resolutions, to procure the drug.

I have known of one case of morphinism in which, though the treatment was given in a hospital, the doctor's best efforts were foiled by the patient's wife's

connivance with him to transfer the daily dose of morphia from her mouth to his when she kissed him on her daily visit to him. I have heard of one case of cocainism in which when the craving came the unhappy victim, who chanced to be a doctor, would break an appointment or if he were out driving and chanced to be without the drug would whip his horses till they ran to the drug-store where by breathless command he without delay secured it. A sufferer from the habit of taking heroin, which is a derivative of morphia, reported to me that after waiting for some weeks for me to help her she herself in a moment of high resolution renounced the drug and has not touched it since. But it should be added that she says the daily dose she took was always small.

There seems to be general agreement among those who have applied suggestive treatment to the relief of childish habits while the child is asleep and in a suggestible state, which seems not to persist to adult life, that excellent results have

been obtained. In seventy-five cases Dr. Worcester reports cures of great improvement in such ills as nail-biting, swearing, lying, and stealing. My own experience has been comparatively slight in dealing with children, but it confirms the experience of those who have treated more cases than I.

In excessive grief the quieting treatment has more than once brought more comfort than I have ever been able to impart by the usual ministrations of my office. In one instance the grief for a lost child was of long standing and threatened the reason of the stricken mother. The expectation of relief, which she had never had when she had turned to others in her sorrow, was perhaps the largest element in helping her, and her willingness to be still and to listen to me without interruption for a considerable period of time completed the good work.

Aversions, where there are no physical complications, yield at once if my experience is to be trusted. A young woman, whose aversion, not without

warrant, to one with whom she was in daily contact had reached a point at which her nerves were worn threadbare and her parent was endeavouring to persuade her to resign her position. One little talk accentuated by a little sermon preached to her with her eyes closed made her at once indifferent to the object of her aversion, her nerves ceased to rebel, and the thought of giving up her place passed permanently from her mind.

None of my miscellaneous cases have been more interesting and gratifying to me than the preparation of panic-stricken patients for a surgical operation. Several times I have been requested by our local doctors to attempt to quiet the minds of those soon to go upon the operating table. In each case I have sat by the bedside, gradually passed from general to specific discussion of the approaching experience, bade the anxious patient at the crucial moment close her eyes and listen to a little sermon. Never has there been a failure. In each instance the patient has after a few moments opened her eyes

with a peace-crowned face, and has taken the ether and come out from under it without fear and with a smile.

Two incidental experiences in dealing with neurasthenics would seem of interest among the miscellaneous cases. An aged woman, who came to me for help in learning to control a tendency to constant weeping and to trembling of the hands, not merely made rapid progress back to health in these respects, but incidentally, though there was no special treatment for it, made conspicuous improvement in what had long appeared to be an incurable deafness. Another woman, who came from the office of a famous oculist with the word that she would soon be wholly blind in one eye and never see well with the other, went at my suggestion to another well-known oculist who informed her that there was nothing wrong with her eyes except a general debility resulting from the grippe and that under the Emmanuel treatment she would undoubtedly be much improved. Three visits to me sufficed to make one eye

normal and greatly to improve the sight of the other. But even more remarkable was the case of a woman who, after treatment for some weeks for general neurasthenia due to worry, gained such vigour both of mind and body that when at last I sent her to her surgeon for the removal of a small non-malignant tumour which he had a year before discovered, he at once reported to me that in the subsidence of all local inflammation the tumour had apparently been absorbed and was no more to be detected by the touch.

The absolute necessity that work should immediately follow treatment in some cases has been twice illustrated in circumstances which deserve description. A year ago a young man, suffering from a nervous heart, was sent to me by an excellent physician who had failed after months of the usual medical treatment to give permanent relief. In two weeks of suggestion re-enforced by faith the patient was discharged free from every untoward symptom and with the earnest

counsel at once to go to work. Two months later, after failure to engage in any steady occupation, the heart pain returned, but yielded to treatment. Again in vain I counselled daily labour, and in the summer when I was away on a vacation he placed himself under the care of another excellent physician who brought him once more back to normal health. Then the physician and the minister united in an earnest exhortation, this time not in vain, to him to go to work, and now after months of congenial labour, he retains the good health to which the doctor brought him back.

Another young man, several of whose relatives had had mental trouble, became convinced that he was going the same way. One doctor treated him without result. Another doctor sent him to me. He was peculiarly responsive to my treatments and would sometimes for a week or two be comparatively free from all anxiety. But all the while he was shifting from one position to another without finding anything con-

genial. At last in August I broke through his inertia, sent him at a day's notice to find work in a large city, and assured him that a steady and congenial occupation would complete his cure. Not merely have my predictions been abundantly fulfilled, but also he now wonders how he could have been so ill a year ago.

Again and again, I have been urged to attempt the cure of the insane. Twice at the beginning of my work I accidentally, once through a wrong diagnosis, found myself with an insane person on my hands. As soon as possible after the discovery of the mistake I abandoned treatment, though in each case the quieting did seem to furnish temporary freedom from the delusions and also to induce more healthful sleep. Now one of the patients is in an institution for the insane, and the other ought to be.

There are two questions which may properly be asked concerning all the cases of which I have been writing:

1. When apparently cured, do they remain cured? Frankly, I do not know.

Nobody knows. Every doctor feels that his responsibility to a patient ceases when the patient is discharged. If the rules of health, which once violated brought ill health, are violated again, ill health will naturally follow. Since it is an essential part of the Emmanuel treatment not merely to cure patients when a cure is possible, but also to instruct them carefully what mental and what spiritual principles to follow in order to keep well, the responsibility evidently rests upon the one-time patient in each case. In one way or another—usually through printed cards to be filled out at stated intervals—I keep in touch with many of my patients for some time after their discharge. But the thing I specially insist upon is that they manage their lives, read the books, and keep the company that make for health, and in no instance where this simple direction has been followed has there been, so far as I have learned, a single lapse from the good health which has come to people in my clinic.

2. Why should not the doctors deal with all such cases? They should. But as a matter of fact, there are many cases in which ills of the body are incidental to ills of the mind or soul, and in dealing with such cases the ordinary doctors have had no special training. There is, so far as I am able to discover, no medical school in the land where a special knowledge of psychology is required for graduation, and until the last year I am credibly informed that in no important medical school has psychotherapy been systematically taught. In consequence the many cases of illness where the trouble is as much—or more—mental and spiritual in its origin as it is physical, the ordinary doctor is no more equipped to deal with it than the ordinary minister.

The neurologist is clearly indicated in some cases, but the neurologist is usually to be found only in a distant city. Often the expense is a deterrent. There are thousands everywhere in need of a neurologist, who for one reason or another cannot go to him. Meanwhile if the

family doctor, as is constantly occurring in Northampton and the places near, assures the patient that his disease is one of the imagination which can be helped in the Emmanuel clinic, it would appear to be unreasonable indeed to forbid the sufferer to resort to prayer, Bible reading, and spiritual upbuilding under the direction of one who never ventures even on this course of action without a doctor's sanction. Even if such treatment does not always bring the physical results expected, there is no possibility conceivable of harm from what is nothing after all but a literal acceptance of the statement of Isaiah: "They that wait upon the Lord shall renew their strength, they shall mount up with wings as eagles; they shall run and not be weary; and they shall walk and not faint."

## CHAPTER VIII

### THE MOVEMENT AND THE CHURCH

THE world is growing more religious. In spite of all appearances, there is on every side a widening and a deepening of faith in the eternal verities. The reaction from materialism, both philosophical and practical, is now so evident as to arrest even the most casual attention.

In Christian Science the reaction from philosophical materialism finds its most exuberant expression. To be sure, the founder of this novel faith appears throughout her writings singularly uninformed as to the history of philosophy and the content of psychology. Her theology is crude and her therapeutics dangerously indiscriminating. But back of all the manifest absurdities of Christian Science stands the colossal truth that



THE SITE OF JONATHAN EDWARDS' HOUSE, WITH THE ELM  
WHICH HE PLANTED FACING IT.



God is all in all. Many in the Christian Science fold who have tried to demonstrate this comprehensive truth in every detail of their daily life have found such health of soul and mind and body as they never knew before. And after Mrs. Eddy, now in her eighty-eighth year, has gone from earth, those of more modern training who succeed her in the leadership will, unless they fall into schismatic quarrelling among themselves, doubtless purge the movement of some of its objectionable features and make it more attractive to many now conscious only of the perils that would seem to be inherent in a system which breaks both with historic Christianity and with scientific medicine.

New Thought, too, marks the revolt from philosophical materialism. Like Christian Science, New Thought has its limitations. Though free from the denials Christian Science makes, it offers a theology almost as nebulous and invertebrate. Its votaries are prone to lose interest in the denominations in which they were

brought up. In spite of all the warnings of Horatio W. Dresser, there are New Thought healers everywhere who altogether decry medicine and venture to treat pneumonia with mere words or give to typhoid fever patients solid food while the Peyer's patches still are at their thinnest and their worst. But underneath all the vagueness and the incoherence of the New Thought preachments,

"Thick as autumnal leaves that strow the brooks  
In Vallombrosa,"

there is a substratum of sound idealism which is uncovered in such helpful books as *The Philosophy of Self-Help*, *A Physician to the Soul*, and *The New Old Healing*.

The Emmanuel movement is the first serious effort undertaken by men in positions of responsibility within the Christian Church to sift the wheat from the chaff, to claim for the Christian Church, regardless of denominational differences, the residuum of truth underlying all the various cults, and to make it available to the uses of the soul and mind and

body within the limits definitely set by common sense and science. In doing this the Emmanuel movement is as truly a revolt from philosophical materialism as either Christian Science or New Thought. But its method is the method of evolution not of revolution, and it robs no faith either of its principles or its adherents.

The reaction against practical materialism is singularly free from all absurdity and extravagance. It has not been started by any cult or any church. It is so universal as to warrant the belief that it is the spontaneous outbreak of a newly ethicised public opinion, and even men like President Roosevelt and Governor Hughes who are peculiarly identified with this reaction are effective in the public service only as they perfectly express it. To lift all life, public and private, to a higher moral altitude and to set men free from graft and greed is its fine purpose, and the test which it habitually applies is the pragmatic test of higher usefulness.

To the Church as well as to the world

the test to-day is ruthlessly applied. Assertion is no longer taken at face value. Assumption now convinces none. Facts which can be scrutinised, forces which can at least be felt, are now required as evidence. And no longer is evasion tolerated in the newly ethicised court of public opinion.

In her work abroad the Church to-day invites the sharpest test. Under the tutelage of such men as John R. Mott, Robert E. Speer, and Arthur S. Lloyd, the thinking world is gradually coming to the conclusion that Christian missions are from every point of view worth while. The facts available are as indisputable as the forces now in evidence are appreciable.

But more important still, representatives who have the right to speak for foreign lands where missionaries were once unwelcome are now speaking plainly.<sup>27</sup> The Hindu editor, W. W. Subramania Iyer, testifies with gladness to the "silent and wonderful change in Indian minds" which Christianity is working. Prince

Malcolm Khan of Persia considers the presence of Christian missionaries in his country "a providential blessing." Chul-alongkorn says of Siam that "American missionaries have done more to advance the welfare of his country than any other foreign influence." Viceroy Tuan Fong traces the awakening of China "in no small measure to the hands of the missionaries." Marquis Ito states<sup>1</sup> that "Japan's progress and development are largely due to the influence of missionaries exerted in right directions when Japan was first studying the outer world." And the fitful word of the flitting tourist against the evangelising of the world is in consequence at last discredited. The Christian Church today at work in foreign fields meets every test which pragmatism can apply.

At home the situation is more complicated. Though the Christian Church has widened her range of usefulness and multiplied of late her agencies for good, the newly ethicised public sentiment is still inclined to ask such questions as the

following: Why the continuation of the waste of men and money in the overlapping and the duplication everywhere of sectarian effort? Why is the growing tendency to church unity offset every year by the creation of new denominations, numbering six in 1908? Why is the Church usually a close second instead of a conspicuous first in the rebuke of wrong in public and in private life? Why is the Church as such practically without influence with organised labour at a time when the faithful wounds of a friend are sadly needed to offset the cajolery of the politician and the flattery of the demagogue? Why is the Church losing candidates for the ministry at such a rate that to-day there are in fifty-eight theological seminaries fewer students by seven hundred than there were twelve years ago though meanwhile 8,000,000 persons have been added to the country's population?<sup>28</sup> And what justification, if any, is there for the disposition manifest among publicists and philanthropists outside the Church to-day to fling at her devoted head the

words with which Henry IV after one of his great victories greeted the belated though well-meaning Crillon: "Hang yourself, brave Crillon! we fought at Arques, and you were not there"?<sup>29</sup>

Public sentiment is to-day shifting its viewpoint toward the Christian Church. Of the intrinsic truths of this theology or that, it now recks little. It sees in the Church possibilities of individual and social uplift which it has never seen before. Its attitude is most accurately described perhaps in the words attributed a while ago to Paul Bourget:

"I look upon the Christian religion very much as Pasteur looks upon the liquid he injects into patients bit by mad dogs. He does not know how to cure hydrophobia any more than I know how to cure the evil that is in the world; but he has learned by experience that these injections furnish a certain immunity against the terrible disease which would follow without them. . . . I have come to recognise that those men and women who follow the teachings of the Church are in a great measure protected from the moral disasters which almost invariably follow when men and women allow

themselves to be guided and swayed by their senses, passions, and weaknesses."

The Church is doing much to render men immune from sin. Public sentiment would have the Church do more. It would have the Church make men and women over in soul and mind and body. It would have more evidences unmistakable of that new birth of the inner life which inevitably brings to the entire personality better health in every sense. As I write these words, there comes slightly limping down the street a woman with serene and joyous face who a year or two ago walked with great difficulty and bore a troubled, joyless face. She answers my inquiry as to what has wrought the wondrous change evident to all who know the woman, "I have become psychical"; and I know that, like countless thousands, she has found outside the Christian Church the help the Church should give.

About terminology public sentiment cares nothing. Not even as to the source whence comes the help which people need,

is public sentiment seriously concerned. But inasmuch as the Christian Church claims to have the oracles of God, and insists that she, and she alone, can give the highest help, public sentiment to-day is more inclined than ever in the past to require of the Church an account of her stewardship.

The Emmanuel movement reduced to simplest terms is an honest effort proceeding from within the Church, not from without, to meet the new pragmatic test which public sentiment is everywhere applying in these days. While the founder of the movement holds to the subconscious theory because it seems to him to furnish the most lucid explanation of the results he has secured, he would not deny that results may be independent of all theories that can be offered to explain them. The fact is there are in all of us, no matter how we may explain them, possibilities of wholesomeness which can be realised if we but make the effort. We can have, if we will, a new birth of health and become "a new creature

in Christ Jesus" if we make appeal to the heart of things and give our better self a chance at self-expression.

But so subtle is the connection between the mind or soul and body that the words of Socrates to Charmides are as pertinent as when they first were spoken:

Even so there is no cure for the body apart from the soul; and the reason why so many diseases elude the physicians of Greece is that they know nothing of the soul, which ought to be their chief care, since if this be not sound it is impossible for any part to be well. For all things, both bad and good, not only in the body, but in every part of the man, have their starting point in the soul, whence they overflow in the same way as from the head into the eyes. First then and above all, the soul must be treated if the head and the rest of the body are ever to be made whole; and the cure of the soul is brought about by means of certain charms, which charms are good words. By these words temperance is begotten in the soul; and this once begotten and abiding there, it is easy to supply health to the head and the rest of the body. Let no one persuade you to treat him for headache with this medicine until he has first yielded up to you his soul to be treated by the charm, for just here the mistake is made in regard to men.

They attempt to treat the body independently of the soul.<sup>30</sup>

To correct this grievous error and to achieve the noble end in view, the Emmanuel movement is not content with a vague effort. It introduces into religious methods, often antiquated or inadequate, the science and the system which are found in every other modern movement of significance. It makes the minister an expert in dealing with the moral and the spiritual pathology about him, and incidentally enables him to relieve many of those ailments of the body which are dependent upon mental or moral conditions.

The Emmanuel method aims at two results at once: 1. To inform the mind and educate the spirit. This in many instances is sufficient to effect the bodily improvement. In several of my cases of general neurasthenia almost incredible results have quickly followed close adherence to this plan. 2. To remove in a comparatively small number of cases, if I may trust my own experience,

local ailments by direct suggestion reinforced by faith. This result almost always follows swiftly the preceding one. When there has been a failure to do so, there has always been good reason to suspect the presence of some element which diagnosis had failed to bring to light.

It is beside the mark for any one of Christian faith to argue from the rich experience of Europe that suggestion without faith will bring the same result. For if, as the Christian maintains, religion is the strongest motive in the human heart, Christian faith must surely have some therapeutic value where the devils of worry or fear have so controlled the mind that the poor nerves at last have felt their clutch and tried to fling it off.

The time is not far distant when the doctor will be specially trained, as now he seldom is, to give suggestive treatment when it is clearly indicated. Institutions like Harvard, Yale, Tufts, Cornell, Pennsylvania, Johns Hopkins, Clark, and

Wisconsin have already blazed the way.<sup>31</sup> But even after the physician is technically trained to give suggestion, Christian people will require that suggestion be re-enforced by faith, and physicians who lack Christian character will in consequence find the *entrée* more difficult than it now is into Christian homes. The idea itself is so simple, its untechnical exercise in the ordinary relationships of life so free from peril, that everybody charged with the responsibility of souls or minds in trouble will make instinctive use of it in church and home alike. All society will in fact form an amiable conspiracy to suggest on every hand the thoughts that make for mental and moral health, and many a nervous ill which now afflicts mankind will disappear along the way.

If the minister is to have a share, however small, in the good work there are certain dangers he will have to face. The clinic is the confessional without its carefully contrived safeguards. Coolness of head must go with warmth of heart. Reticence must temper all enthusiasm.

The professional relationship must never be forgotten even where the human touch to be effective must be very personal. Confidence must be by word and look invited but not given. Social conventions must be observed but not obtrusively. Psychical parasites must be helped, but at the same time helped to help themselves. Else the Emmanuel worker will make a failure of the work and harm his church. He will come to grief upon his limitations, and bring his church to grief upon his folly.

Another danger will inevitably emerge with the temptation to duplicate the Emmanuel Church machinery. The class and clinic can not both perhaps at the same time be managed in the average parish without hurt to other parish interests. No minister can measure in advance the demands that either class or clinic will make on his time. It is therefore better to make haste slowly in Emmanuel work.

Another danger always to be kept in mind is the too exalted expectation.

Not only, as Dr. Cabot points out in *Good Housekeeping* for February, are the limitations of the treatment evident, but also its efficiency is frequently conditioned by circumstances utterly beyond control. Certain cases require daily treatment which the worker has no time to give. The mere care of the semi-insane or the semi-responsible is not within the province of the minister. To venture on the treatment of the lunatic is worse than injudicious. Relapses there will be in spite of all precautions. No nervous person can continue well who parts with the philosophy of life learned in the Emmanuel clinic. One bad habit may disappear under expert treatment only to be in time replaced by a worse one. A few will turn back to their woe or sin for no reason which can be discovered. The too exalted expectation may lead on to deep disappointment.

But for every danger that besets his path the Emmanuel worker has compensations not vouchsafed to those who have

not tried the work. He is forever done with that perfunctoriness which has pallied the pastoral relationship for a whole generation past and reduced parish visiting in many a place to ringing doorbells, praising the baby, and gracing five-o'clock teas from which other men are absent because at their daily duties. No right-minded minister wants to draw his salary for merely social calling. He wants, like other earnest men, to make his social life his avocation.

A man may get on in the pulpit or the parish in spite of an occasional subsidence of enthusiasm. He cannot get on in the clinic if he ever falls below his highest possibilities. An indifferent word, a bored expression, may do more harm than can ever be undone. The Emmanuel worker must be habitually on his mettle. His every resource will be taxed. No two persons can be treated in the same way. The worker must be quick to diagnose the soul's condition. He must pick his way at once by intuition to the strategic point from which to treat the

case whether it be one of ordinary dryness of the soul or of actual soul sickness with its inevitable strain upon the nerves.

The Emmanuel worker must be all alive in body, mind, and soul. To make faith immediately adaptable to human needs he must be surcharged with it himself and be ever ready to impart it with a keen enthusiasm and a noble consecration. And those who with scant acquaintance with Emmanuel methods disdainfully dismiss the movement as a scheme for hypnotising people to be good, or for taking the kingdom of heaven by violence, find their archetype in the London bishop who, because he did not understand the true import of Methodism, refused John Wesley's reasonable request for the ordination of two priests to administer the Sacraments to American Methodists, and thus allowed the Church of England to lose a multitude of earnest souls whose spiritual children now number 3,112,448 in this country alone and stand next to the Roman Catholics in the

census made by Dr. H. K. Carroll of religious denominations in America in 1908.

There is yet another compensation not to be despised. Emmanuel work restores to the minister the authority which he has too often sadly lacked in recent years. When a minister has set men free from fear and worry, or from drink and lust, he will have an authority which no ecclesiasticism ever gives. His parish visits will assume a larger than the simply social aspect which is often all they have to-day. People will put their minister to higher uses than to make of him a social pudding-stick. They will cease to expect him on his parish rounds to avoid the deeper things of life. They will look instinctively for the virtue to go out of him to every sick soul, and they will never look in vain. They will make each parish church, like St. John's Church, Northampton, a true cathedral to which people will come up from many miles around to find the healing Christ and to discover also that

"Though Christ a thousand times in Bethlehem  
be born,  
Be he not born in me my soul is all forlorn."

A third compensation every Emmanuel worker finds to his delight is very real. The treatment which he gives is retro-active. The quieting of others quiets him. The suggestions of emancipation from unwholesome thoughts turn back into auto-suggestions which upbuild the worker at the same time that they up-build his patient. The peace he preaches to a congregation of one at the moment of supreme suggestibility becomes his peace. His health of soul and mind and body receives new impulse as he gives impulse to the health of others. He finds that he is equal to more work of every sort than ever in the past, and the sense of futility, which drives many a high-minded minister across the dead line at the age of fifty, disappears when not once in a great while as formerly but every day he has new evidence of hearts helped, minds informed or bodies re-invigorated by his words.

What ought to be the attitude of the Christian churches of the land toward the Emmanuel movement? Shall every church establish an Emmanuel class or clinic? By no means. Perhaps few churches should. Certainly not every minister is equipped by temperament or training to conduct the work in any systematic way. Of the more than fifty ministers who have sought my counsel in the matter I have felt justified in the encouragement of scarcely half a dozen. No minister should in any circumstances formally undertake the work unless he has the human touch to add to even the most ample intellectual equipment.

But every minister may put certain principles inherent in the movement to good account in various ways. Certainly in his ministrations to the sick there would seem to be a special field. The Bishop of Connecticut advises the clergy:

1. To go about such ministrations with a renewed recognition of the vital interests involved, and approach the sick person, not as paying a kindly attention, but with more

definite purpose of help. 2. To come to the sick with messages, not only of resignation, but also of hope and good cheer in the name of the God of hope and of health.<sup>32</sup>

It has been the unhappy custom of the Christian Church in history too often to allow the new movement of significance to escape from it and turn into a sect or cult. In the Emmanuel movement the Christian Church has a movement which sets up no new philosophy, breaks nowhere with theology, detaches no one from the fold of his upbringing, and proposes nothing save a redistribution of the emphasis of faith in the interest of the entire personality. It is not necessary, in justice to the Church or to the movement, that official sanction should at this stage be given any more than it is given the boy choir or the men's club. It was proper that the Lambeth Conference of 1908 should speak a word of warning to those who enter on the work. Lest men unfit should start a class or clinic, the Church should not as yet, perhaps, make haste authoritatively to

encourage even those with special fitness to venture into fields so new and strange.

But it is necessary, in justice to the Church and to the movement, that no word of disavowal or disparagement likely at this stage to be based on lack of understanding or on second hand information, should find official expression through the accredited representatives of the Christian Church at large. Else another great idea in religion may be turned over to schismatics, and the millions now outside the Church who in one cult or another hold to the idea that the mind spiritualised finds its sacramental symbolism in a more wholesome body may stay outside the Church and furnish Christian Science, with its efficient organisation, the incentive as well as the opportunity to become, pruned of its negations and vagaries, the Methodism of the Twentieth Century.

## NOTES

1. Dr. Worcester has published several books, but it is only in his latest, *The Living Word*, that he sets forth the philosophy and theology which underlie his efforts to uplift his fellowmen through the Emmanuel and other agencies. He claims for his book, however, little originality, and states in the Preface that the "book owes its existence, its substance, and whatever merit it possesses to one of the greatest and least appreciated thinkers of the nineteenth century, Gustav Theodor Fechner." Allowing as liberally as one pleases for the author's modesty, the fact will doubtless become evident in the next year or two that *The Living Word* is one of the most original and important contributions made to religious literature in recent times, and it will be of special service to those who want the best the new cults have to give and yet remain in their own church.

2. While Dr. Mitchell professes great respect for Dr. Worcester, he is in his latest utterances inclined to criticise the movement.

3. *The Outlook*, February 29, 1908.

4. Emmanuel workers nowhere attempt to pass upon the validity of the distinction between organic and nervous functional disorders. As Dr. Cabot has pointed out, the distinction is a convenient one in common use among physicians, and until they give it up it will doubtless continue to serve the purposes of the Emmanuel worker in the smaller group of cases where ills of the body come for treatment.

5. Wanamaker's *Book News*, November, 1905.
6. Osler's *Principles and Practice of Medicine* (Edition of 1892), 978.
7. *Ibid.*, 983.
8. Ray Stannard Baker in *The American Magazine*, January, 1909, 233. This article, and the earlier one, will be found in Mr. Baker's *New Ideals in Healing*, which appears as this book passes through the press.
9. *Treatment of Rest, Seclusion, etc., in Relation to Psychotherapy*, by S. Weir Mitchell.
10. Cabot's *Psychotherapy and its Relation to Religion*, 40.
11. On the dangers of the confessional, see Cutten's *Psychological Phenomena of Christianity*, Chs. XX. and XXIX.

This is a subject on which, perhaps, plain speaking is not indicated in a book like this. But it is one of the possible perils of the Emmanuel movement that it does establish, if real help is to be given, a close spiritual relationship between the worker and the patient. For this reason the formal clinic ought not, perhaps, to be encouraged except in those rare instances in which, as I have pointed out in Chapter VIII., there is unusual fitness for the confessional relationship.

In addition to Cutten's consideration of the close relationship between religious and sexual emotion, those who wish to make a careful study of the subject may refer to Galton's *Inquiries into the Human Faculty*, 66; Nystrom's *Natural Laws of Sexual Life*, 174; Northcote's *Christianity and Sex Problems*, 142; Krafft-Ebing's *Psychopathia Sexualis*, 8-10; G. Stanley Hall's *Adolescence*, II., 292; Starbuck's *Psychology of Religion*, 147, 207, 219, 220; Weininger's *Sex and Character*, 18f.; T. Schroeder on *Religion and Sensualism as Connected by Clergymen* in the *American Journal of Religious*

*Psychology and Education*, Vol. III., 16-28; Powell's *Christian Science*, Ch. VIII.

Professor William James, in *The Varieties of Religious Experience*, 10-12, points out that the relationship between religion and sex is perhaps exaggerated by some writers, but that there is substantial ground for the general apprehension may well give pause to the foolish or the sentimental or the immature who would establish the Emmanuel clinic.

12. Powell's *Family Prayers* (George W. Jacobs & Co., Philadelphia).

13. *Psychotherapy*, published by the Centre Publishing Company of New York under the editorship of Mr. W. B. Parker, is the first serious effort made to furnish a monthly course of reading in sound psychology, sound medicine, and sound religion to those everywhere interested in every form of psychotherapy.

14. The author regrets that the management of a highly organized parish in which there are many activities makes it impossible for him to answer the hundreds of letters, most of which do not enclose a stamped and addressed envelope, which the new work brings to him, or to accept as patients one tenth of those who have made application. As time passes he expects more and more to reduce the work to an informal character, and after the appearance of this book containing the results of his first year's experience he will naturally feel no responsibility to answer any letter except the occasional one from clergyman or doctor who may have special claims upon Emmanuel workers. Practically every question which has been asked him is answered in this book, and since physicians in increasing numbers are requesting his assistance he can not of course find time for cases that come on their own responsibility.

15. *Religion and Medicine*, 213, 214.

16. No two Emmanuel workers give suggestions in exactly the same way. The following, which has recently been given to a psychasthenic whose mind was in a turmoil of anxiety, will illustrate the author's method. After I was satisfied the patient was ready for my words I thus began in a low soothing tone:

"I want you first of all to let these words of Scripture sink into your mind. They will make you ready for the more direct suggestions I shall give:

'The Lord will give strength unto his people; the Lord will bless his people with peace.'

'Peace, peace to him that is far off, and to him that is near, saith the Lord.'

'He maketh peace in thy borders, and fillest thee with the finest of wheat.'

'Great peace have they which love thy law; and nothing shall offend them.'

'The kingdom of God is not meat and drink; but righteousness and peace, and joy in the Holy Ghost.'

'Let us therefore follow after things which make for peace, and things wherewith one may edify another.'

'Thou wilt keep him in perfect peace, whose mind is stayed on thee; because he trusteth in thee.'

'Mark the perfect man, and behold the upright; for the end of that man is peace.'

'These things I have spoken unto you, that in me ye might have peace. In the world ye shall have tribulation: but be of good cheer; I have overcome the world.'

'And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus.'

"Your mind is full of turmoil and distress because you have not rested in the peace of Jesus. In this quiet hour beneath the shadow of the Church you are to let go your anxiety and to make room in your mind

for the peace of Jesus which the world can neither give nor take away.

"The peace of Jesus. Superficially there seemed to be no place in Jesus' life for peace. No man ever lived who had more things to do. 'I must work the works of Him who sent me while it is yet day,' he once remarked; 'the night cometh when no man can work.'

"You, too, have been busy; but there have been no purpose and no organising principle in your busy days.

'But so many books thou readest,  
But so many schemes thou breedest,  
But so many wishes feedest,  
That thy poor head almost turns.'

"It was never so with Jesus. No circumstance could ever drag Him down from His serenity. No anxiety could turn Him from the path of peace. He was always busy, but as you look upon His life there is no sign of stress or strain in it.

"He had three things which must be yours, also, if you would have the peace of mind you crave:

"1. Faith. Nothing ever shook His faith in God or man. Every attack upon His faith but strengthened it. He walked by faith whenever sight failed Him, and the lesson of His life for you is this:

'It is better to walk in the dark with God  
Than walk alone in the light.'

"2. Purpose. Jesus left nothing to impulse. He had an end in life and He was ever moving toward it. Nothing ever turned Him from it. He had a work to do and he was ever saying to Himself: 'How am I straitened till it be accomplished.' Fix your eye on Jesus. Make His purpose yours, and He will 'guide your feet into the way of peace.'

"3. The consecrated will. The consecrated will is the surrendered will. This is what Jesus meant when

He remarked to his disciples: 'My meat is to do the will of him that sent me, and to finish his work.' Make the will of Jesus yours. Have done forever with your self-centredness and self-assertiveness. Find peace for your soul amid your cares and worries by giving up your will to God. It is through the surrendered will that you will find the peace of God.

'Peace, perfect peace, by thronging duties pressed?  
To do the will of Jesus, this is rest.'

"Swing open wide the windows of your soul to the incoming of these thoughts and your anxieties will disappear. Wait now for a few minutes, and as you wait pray God to take all your anxieties away. Wait and trust and pray.

"Now they are gone and peace, perfect peace, has come to take their place. Keep what you have here found. Go through your daily rounds with peace at the centre of your mind. You can keep it if you will to keep it, and continually seek God's help in keeping it. Will now to keep it, and at the same time let your spirit rise with mine in these peace-bringing prayers:

"Almighty and everlasting God, who art always more ready to hear than we to pray, and art wont to give more than either we desire or deserve: Pour down upon us the abundance of thy mercy; forgiving us those things whereof our conscience is afraid, and giving us those good things which we are not worthy to ask, but through the merits and mediation of Jesus Christ, thy Son, our Lord. *Amen.*"

"O God, from whom all holy desires, all good counsels, and all just works do proceed; Give unto thy servants that peace which the world cannot give; that our hearts may be set to obey thy commandments, and also that by thee, we, being defended from all fear, may pass our time in rest and quietness; through the merits of Jesus Christ our Saviour. *Amen.*"

"'Sustain us, O Lord, all the day long of this mortal life, until the shadows lengthen, and the evening comes, and the busy world is hushed, and life's fever is over. Then in thy love and mercy grant us, we beseech thee, a safe lodging, a holy rest and peace at last; through Jesus Christ our Lord. *Amen.*'

"'Unto God's gracious mercy and protection I commit thee. The Lord bless thee, and keep thee. The Lord make his face to shine upon thee, and be gracious unto thee. The Lord lift up his countenance upon thee, and give thee peace, both now and evermore. *Amen.*'"

In my volume on *The Art of Natural Sleep*, 63, I promised in the next book I should write to give a series of suggestive treatments for the help of those who may want to start Emmanuel clinics, but know not just what type of suggestive treatment has elsewhere proved useful. But as the months have passed and I have realised the possibility of using the same type of sermon, abridged, which one would use in the pulpit, adding to it specific suggestions directed toward special ills, the publication of a series has appeared unnecessary. For the largest purpose of the Emmanuel movement, as every Emmanuel worker realises, is preventive therapeutics, which *The Springfield Republican* evidently had in mind when it published the following:

"The argument in favour of ministers engaging in what is called psychotherapy is that the cause of sleeplessness and other distressing ailments is some moral defect, and that this comes directly within the scope of the minister's work. Very good, observes the *Christian Register*. Let the minister then with all his might and main address himself to the cause of moral training, moral improvement, and moral reform among the men, women, and children who have chosen him to be their spiritual leader. It follows, as the night the day, that, if physical ills are the result of moral de-

linquencies, proper stimulus being applied to the moral nature, the physical ills will subside. That has always been the successful method of our most honoured leaders, whether they were ministers, or fathers, mothers, teachers, and in other ways helpers of their fellow-men. A good minister will have his hands full if he attends to the moral causes and lets the physical symptoms attend to themselves."

Several of the illustrations for Ch. V were obtained from Grasset's important book.

17. Saleeby's *Health, Strength, and Happiness*, Ch. X.
18. October, 1908.
19. *The Quest for Health and Happiness*, 31-40.
20. Tuckey, 94.
21. Tuckey, 243; Hawkins, 39.
22. Powell's *Six Sermons on Sin*.
24. *American Magazine*, December, 1908, 201. See also Note 8.

25. Hawkins, 35. It ought perhaps to be added that Dr. Worcester no longer finds hypnosis necessary in the treatment of many alcoholic cases.

26. It may be said that with such cases every minister has now and then to deal. The point is that the Emmanuel movement greatly multiplies their number and makes systematic and scientific what before has been irregular and casual in their treatment. The author hopes the reader will bear in mind the possibility that in some instances patients may have unintentionally overestimated or underestimated either their symptoms or their improvement or that with the best intentions in the world he may, in spite of the careful notes he has kept of every case, have misunderstood their statements. He wishes credit for having taken comparatively few cases and for leaving nothing undone to help them and to ensure scientific accuracy in his reports.

And as for the claim that there is nothing new in it the following words of Dr. Cabot in *Psychotherapy*, Vol. I., p. 11, would seem to be in point: "Now, if you speak to the man in the street about mind cure . . . and especially if that man . . . happens to be a doctor, he will tell you that there is nothing new about this—that all sensible physicians have been doing work of this kind since the world began; in fact, that no doctor could even succeed in his practice if he did not take account of the mental and moral conditions that complicate illness in such a large number of cases. There is truth in this, about the same amount of truth that there is in the often-quoted statement that 'There is nothing new under the sun.' When a man writes an original and beautiful poem, he does nothing, it may be said, but combine elements that have existed for many, many years; he makes a new combination of old words, that is all.

"So with American psychotherapy. All its elements are familiar and have been used by doctors, social workers, educators, missionaries, and plain citizens of many kinds. What is new about the thing is the particular combination of elements that enter into it and the particular spirit out of which it issues."

If this truth, which Dr. Cabot so authoritatively states, were clearly understood by ministers and physicians generally, most of the criticism of the Emmanuel movement would be withheld. Those who understand from personal experience the purpose and the spirit which lie back of the Emmanuel methods, and the largeness and complexity of the problem with which the Emmanuel worker has to deal, require no answer to criticism and are well content to wait for that widening of accurate information which will in time remove many of the objections that now arise in

minds which have no first-hand knowledge of the work.

27. Barton's *The Missionary and His Critic*, 43, 197, 139, 141, 135.

28. *American Magazine*, September, 1908.

29. James's *The Will to Believe*, 62.

30. Quoted in S. Weir Mitchell's *Treatment*, etc., 14.

The word "cure," like many other words in medicine and religion, is a relative term. Says Dr. James G. Mumford in Publication No. 7, p. 12, of *The Religion and Medicine* series published by Moffat, Yard & Company: "I protest that a cure consists only in returning a man to that state of physical and mental health which shall enable him to live his life, to accomplish his wonted work, to adapt himself to his environment in vigour of body, and in freedom from pain; with his mind unclouded, buoyant, assertive. . . . A more common and reasonable condition of cure is a state of relative comfort and efficiency; with little pain and distress; with infrequent anxiety; with renewed if imperfect confidence in the bodily powers."

Judged by the standard set up in the latter sentence, the Emmanuel statistics are of more significance than they casually appear, and occasional relapses no more qualify them than they qualify the statistics of the best neurologists.

31. *Psychotherapy*, Vol. I., No. 2, p. 4.

32. *The Connecticut Churchman*, December 19, 1908. In unexpected confirmation of the author's general position as stated in Ch. VIII. there appears in *Current Literature* for February the abstract of an important article in *Van Norden's Magazine* by Michael Williams, and Feb. 9, 1909, Professor F. G. Peabody remarked at the Religious Education Association in Chicago, "Religion, like all other interests

of civilisation, must submit itself to the test of social utility."

Only those who have by exhaustive study of the Christian Science literature pierced through the curious terminology of Christian Science to the thought which it frequently conceals, appreciate the adaptability of Christian Science, in the hands of clever and alert leaders, to contemporary uses. One illustration will suffice. Most people who smile at "absent treatment" will be perhaps surprised at the following effort, in *The Springfield Republican*, January 13, 1908, of the Christian Science Bureau of Publicity to identify "absent treatment" with conventional Christian prayer for those away from church or home.

"To the Editor of *The Republican*:

"In your issue of the 5th you quoted from Rev. J. J. Billingsley in the *New York Christian Advocate*, the following statement: 'Socrates' was ecstatic in various hallucinations, believed in the guidance and help of "his familiar demon," and, like the psychopathic and befuddled Mrs. Eddy and her coadjutors, believed in the power of "absent treatment." If the happy thought had occurred to the gentleman he might have made his declaration still more sweeping. He might have said that the Master of Christianity believed in the power of absent treatment. For example, he healed the servant of the centurion by absent treatment. Furthermore, it might be added here that all the Christians of the world believe in the efficacy of prayer for those who are absent from them. I well remember that the good pastor of the church in which I was reared always prayed for the absent members. The devoted mother prays for her absent boy. When we come to think of it,

there are a great many 'befuddled' folks in this world.

"ALFRED FARLOW.

"Boston, January 6, 1909."

In further fulfilment of the author's prediction in the closing sentence of Chapter VIII a book has recently appeared entitled *Christian Science: Theory and Practice*, by Roger Starcross, of which *The Congregationalist* remarks: "It accepts the principles emphasised by the Emmanuel Movement, speaks a good word for physicians and surgeons, even eulogising medical missions, and emphasising the value of fresh air, good food, hopefulness, and prayer. There is no foolish denial of sickness, disease or pain. In fact this is so far removed from the ordinary representation of Christian Science that we wonder if it is really acceptable to Mrs. Eddy and her satellites. If it is, it marks a complete revolution in their teachings."

No more convincing evidence of the purpose of the founders of the Emmanuel movement to defer to the doctors at every point could be furnished than is offered in the following statement issued early in February, 1909, as this book goes through the press:

"To bring the physician and minister into closer co-operation and sympathy, the clergy at the head of the movement have, at the suggestion of an advisory board of some of the most prominent medical men of Boston, designed a set of rules to govern the work.

"The board of physicians, all of them in complete sympathy with the movement, consists of Drs. Joel E. Goldthwait, Richard C. Cabot, James G. Mumford, and Joseph H. Pratt.

"They have signed the following statement affirming their belief in the soundness of the Emmanuel movement and suggesting the methods by which clergy and physician may work in closer harmony:

"In order to preserve and extend the co-operation of the physicians and ministers the following rules have recently been adopted by the Emmanuel clergy:

"1—No person shall be received for treatment unless with the approval of and after having been thoroughly examined by his family physician, whose report of the examination shall be filed with the minister's records.

"2—No patients shall be referred for diagnosis or treatment to any specialist or assistant save with the advice and consent of the patient's own physician.

"3—All patients who are not under the care of a physician must choose one and put himself in his care before they can receive instruction at Emmanuel Church. To those who ask for advice in this choice there shall be handed a printed alphabetical list of all the general practitioners (internists) attached to the visiting and out-patient staffs of the Boston City Hospital, the Carney Hospital, the Homeopathic Hospital and the Massachusetts General Hospital.

"From this (or from any other source if the patient prefers) a physician is to be selected. Should these physicians decide that none of the patients thus referred to them ought to receive treatment at Emmanuel Church, none will be treated there.

"Through the operation of rules 1, 2, and 3, it will be seen that an internist remains throughout in general charge of every case.

"It thus rests wholly with the physicians of this community and not with the Emmanuel clergy to decide whether or not a patient should be referred to a neurologist or other specialist, and which patients, if any, are suitable for treatment by moral and religious re-education at Emmanuel.

"We believe that under these rules the fundamental object of the movement deserves the support of all physicians and of the community generally."



## SOME BOOKS TO READ

SCARCELY a day passes that the author does not receive inquiries as to the best books to read upon Psychotherapy in general and the Emmanuel movement in particular. Assuming that many are reading the articles in *The Ladies' Home Journal*, *Good Housekeeping*, *American Magazine*, *Current Literature*, and *The Congregationalist*, the author will mention only those books which he is constantly recommending to people who come for counsel or treatment and which he knows both from observation and experience are of practical service. Most of the books have been made accessible to my patients through the courtesy of Mr. W. P. Cutter, who has established in St. John's Parish House a branch of the Forbes Library. On

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